

Fill in this information to identify the case:Debtor name **Legacy Measurement Solutions, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**Case number (if known) **19-32238**☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 5,271,315.10
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 5,271,315.10

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 3,455,000.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 225,103.01
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 17,211,961.38
4. Total liabilities Lines 2 + 3a + 3b	\$ 20,892,064.39

Fill in this information to identify the case:Debtor name Legacy Measurement Solutions, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number (if known) 19-32238☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Amegy BankOperating5851\$8,255.003.2. Amegy BankDisbursement3288\$0.003.3. Amegy BankPayroll2773\$0.00**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$8,255.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. Addison Office lease deposit\$11,049.62

Debtor Legacy Measurement Solutions, Inc.
NameCase number (If known) 19-322387.2. Okarche Office lease deposit \$4,500.007.3. Shreveport Office lease deposit \$3,405.487.4. The Woodlands Office lease deposit \$24,225.007.5. 213 Investments-Tyler
(six months advanced rent) \$125,000.008. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

Rent**Addison Tower Investment Co. (Addison, TX) \$25,686****Parkwood Holdings LTD (The Woodlands, TX) \$11,758****Petroleum Square LLC (Shreveport, LA) \$4,334****SBIBC LLC (Brookfield, OH) \$3,605****213 Investments (Tyler, TX) \$26,405****P&M Parkway (Brookfield, OH) \$18,501****Kudron Land & Development (Okarche, OK) \$4,950**8.1. ABM Investments Ltd (Wooster, OH) \$1,800 \$97,039.009. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$265,219.10**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. Accounts receivable11a. 90 days old or less: 2,538,662.00 - 0.00 = \$2,538,662.00
face amount doubtful or uncollectible accounts11b. Over 90 days old: 626,111.00 - 0.00 = \$626,111.00
face amount doubtful or uncollectible accounts**12. Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$3,164,773.00**Part 4: Investments****13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.

Debtor Legacy Measurement Solutions, Inc.
NameCase number (If known) 19-32238☐ Yes Fill in the information below.**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**☐ No. Go to Part 6.☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials See attached Exhibit "Inventory" Midland \$60,307.00 Tyler \$3,556,989.00	03/12/2019	\$3,617,296.00	Liquidation	Unknown
20.	Work in progress See attached Exhibit "Inventory" Tyler \$567,262.00	n/a	\$567,262.00	Liquidation	Unknown
21.	Finished goods, including goods held for resale See attached Exhibit "Inventory" Midland \$430,636.00 Tyler \$5,628.00	03/12/2019	\$436,264.00	Liquidation	Unknown

22. Other inventory or supplies

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$0.00

24. Is any of the property listed in Part 5 perishable?

☒ No☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☒ No☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

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Case number (If known) 19-32238☐ No. Go to Part 8.☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture See Attached Exhibit B39 Dallas \$66,273.26 Shreveport \$9,731.18	\$76,004.44	Liquidation	Unknown

40. **Office fixtures**41. **Office equipment, including all computer equipment and communication systems equipment and software**42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$0.0044. **Is a depreciation schedule available for any of the property listed in Part 7?**☐ No☒ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment) See Attached Exhibit B50 Dallas \$1,794.89 Tyler \$84,770.16	\$86,565.05	Liquidation	Unknown

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$0.00

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52. Is a depreciation schedule available for any of the property listed in Part 8?

☐ No☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

☒ No☐ Yes**Part 9: Real property**

54. Does the debtor own or lease any real property?

☐ No. Go to Part 10.☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

Nature and extent of debtor's interest in property**Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest**

55.1. Leasehold

Improvements at
8521 FM 850
Tyler, TX 75707
(Lessor is 213
Investments)

Lessee

\$0.00

N/A

\$0.00

55.2. Leasehold

Improvements at
116 East Liberty
Street
2nd Floor
Wooster, OH
(Lessor is ABM
Investments)

Lessee

\$0.00

\$0.00

55.3. Leasehold

Improvements at
16515 Addison Road
Suite 800
Addison, TX
(Lessor is Addison
Tower Investments)

Lessee

\$61,642.72

\$0.00

55.4. Leasehold

Improvements at
14330 Evans Road
Okarche, OK
(Lessor is Kudron
Land & Development)

Lessee

\$0.00

\$0.00

Debtor	Legacy Measurement Solutions, Inc.	Case number (If known)	19-32238
	Name		
55.5.	Leasehold Improvements at 4331 Brantner Road DCP Yard Colorado (Lessor is Lundvall Enterprises, Inc.)	Lessee	\$0.00
			\$0.00
55.6.	Leasehold Improvements at 6882 Parkway Drive Brookfield, OH (Lessor/Landlord is P&M Parkway Associates) (Debtor's Lease is currently subleased to Budco Realty, LLC)	Lessee/Tenant/ Sub-Lessor	\$0.00
			\$0.00
55.7.	Leasehold Improvements at 10077 Grogans Mill Road Suite 200 The Woodlands, TX (Lessor is Parkwood Holding)	Lessee	\$0.00
			\$0.00
55.8.	Leasehold Improvements at 10 74th Street East Williston, ND (Lessor/Landlord is Pat Hegleson) (Debtor's Lease is currently subleased to Trigger Energy, Inc.)	Lessee/Tenant/ Sublandlord	\$0.00
			\$0.00
55.9.	Leasehold Improvements at 1324 N. Hearne Avenue Suite 210 Shreveport, LA (Lessor is Petroleum Square)	Lessee	\$0.00
			\$0.00

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Case number (If known) 19-3223855.10 **Leasehold****Improvements at****6884 Parkway Drive****Brookfield, OH****(Lessor is SBIBC****LLC)****(Debtor's Lease is
currently subleased
to ...)****Lessee/Sublea
se Lessor****\$0.00****\$0.00**56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.

Copy the total to line 88.

\$0.0057. **Is a depreciation schedule available for any of the property listed in Part 9?**☐ No☒ Yes58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**☒ No☐ Yes**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☒ No. Go to Part 11.☐ Yes Fill in the information below.**Part 11: All other assets**70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes Fill in the information below.**Current value of
debtor's interest**71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

Deferred TaxesTax year **multiple****\$1,833,068.00**73. **Interests in insurance policies or annuities**74. **Causes of action against third parties (whether or not a lawsuit
has been filed)**75. **Other contingent and unliquidated claims or causes of action of
every nature, including counterclaims of the debtor and rights to
set off claims**76. **Trusts, equitable or future interests in property**77. **Other property of any kind not already listed** Examples: Season tickets,
country club membership

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78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$1,833,068.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor Legacy Measurement Solutions, Inc.
NameCase number (If known) 19-32238**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$8,255.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$265,219.10	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$3,164,773.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$1,833,068.00	
91. Total. Add lines 80 through 90 for each column	\$5,271,315.10	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$5,271,315.10

EXHIBIT - INVENTORY
(Relates to Schedule B Nos. 19 through 25)

19. Raw Materials

Midland	\$	60,307.00
Tyler	\$	3,556,989.00
Total Raw Materials	\$	3,617,296.00

20. WIP

Tyler	\$	567,262.00
Total WIP	\$	567,262.00

21. Finished Goods

Midland	\$	430,636.00
Tyler	\$	5,628.00
Total Finished Goods	\$	436,264.00

22. Inventory Reserve	\$	(622,401.68)
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23.Total Inventory	\$	3,998,420.32
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EXHIBIT – ASSETS
(Relates to Schedule B Nos. 39, 50 and 55)

Account	Location	Description	In Svc Date	Net Book Value
10230 - Office Furniture & Equip	2900-Dallas TX	Server Migration Project	09/30/17	\$ 48,675.89
10230 - Office Furniture & Equip	2900-Dallas TX	New Website Developoment & Construction	05/31/16	\$ 1,319.11
10230 - Office Furniture & Equip	2900-Dallas TX	ADDISON OFFICE FURNITURE	12/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	ADDISON OFFICE FURNITURE	11/30/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	ADDISON OFFICE FURNITURE	11/30/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	CONFERENCE PHONE	11/30/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	IT CONSULTING FEES RELATED TO FAS #1701	11/30/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	NETWORK CABLE FOR NEW CONF ROOM	11/30/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	NEW PHONE SYSTEM FOR ADDISON LOBBY	11/30/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	WIRELESS GATEWAY SYSTEM	11/30/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	SMARTUPS 2200VA 2URM	08/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	SMARTUPS 2200VA 2URM	08/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	TIME CLOCK PLUS SOFTWARE	07/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	TIMER PRO SOFTWARE	06/30/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	INFORMA -FORMS SOFTWARE	04/30/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	MBPRO 13"RD2.7GHZi5	04/30/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	THINKPADS TP 17/2.1 2C148	04/30/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	THINKPADS TP 17/2.1 2C148	04/30/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	THINKPADS TP 17/2.1 2C148	04/30/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	THINKPADS TP 17/2.1 2C148	04/30/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	THINKPADS TP 17/2.1 2C148	04/30/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	THINKPADS TP 17/2.1 2C148	04/30/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	THINKPADS TP 17/2.1 2C148	04/30/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	ZBOOK I7/2.8 17.3 8GB	04/30/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	DESIGN II SOFTWARE PERM LIC	03/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	POWER EDGE T320 SERVER	03/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	VAULT PRO 2015-SOFTWARE	03/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	CLJ PRINTER CP4025N	02/28/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	CLJ PRINTER CP4025N	02/28/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	TOUGHBOOK I5-3340	02/28/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	650PB I5/2.6 15.6 4GB	01/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	650PB I5/2.6 15.6 4GB	01/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	650PB I5/2.6 15.6 4GB	01/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	650PB I5/2.6 15.6 4GB	01/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	650PB I5/2.6 15.6 4GB	01/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	650PB I5/2.6 15.6 4GB	01/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	SBUY PRO 650/I5 15.6 4GB	01/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	SBUY PRO 650/I5 15.6 4GB	01/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	SBUY PRO 650/I5 15.6 4GB	01/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	SLP SQLSERVER	01/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	SLP SQLSERVER	01/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	SURFACE PRO 3 I5	01/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	SURFACE PRO 3 I5	01/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	T540P I5-4300M	01/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	TD PEDGR320 IX-E5-14	01/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	ZBOOK (3) I7/2.1 17.3 8GB	01/31/15	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	14"LED NOTEBOOK	12/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	14"LED NOTEBOOK	12/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	14"LED NOTEBOOK	12/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	14"LED NOTEBOOK	12/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	14"LED NOTEBOOK	12/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	850EB 17/2.1 16GB	12/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	850EB 17/2.1 16GB	12/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	850EB 17/2.1 16GB	12/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	TOUGHBOOK I5-3340M	12/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	14" LED NOTEBOOK-INTELC	11/30/14	\$ -

[illegible]

Account	Location	Description	In Svc Date	Net Book Value
10230 - Office Furniture & Equip	2900-Dallas TX	HP PRODESK 650GI	08/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	HP PRODESK 650GI	08/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	HP PRODESK 650GI	08/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	HP PRODESK 650GI	08/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	HP PRODESK 650GI	08/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	MS OPERATING SYST-LIC	08/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	OFFICE FURNITURE	08/31/14	\$ 2,991.60
10230 - Office Furniture & Equip	2900-Dallas TX	OFFICE FURNITURE	08/31/14	\$ 53.80
10230 - Office Furniture & Equip	2900-Dallas TX	OFFICE FURNITURE	08/31/14	\$ 221.33
10230 - Office Furniture & Equip	2900-Dallas TX	OFFICE FURNITURE	08/31/14	\$ 93.01
10230 - Office Furniture & Equip	2900-Dallas TX	OFFICE FURNITURE	08/31/14	\$ 100.47
10230 - Office Furniture & Equip	2900-Dallas TX	POLYCOM IP335	08/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	PWREDGE T320	08/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	SURFACE PRO 3	08/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	HIVE AP330	07/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	HIVE AP330	07/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	HP ELITEDESK 800 G1	07/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	HP WORKSTATION	07/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	IT HARDWARE/CISCO	07/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	IT RACK MOUNT KIT	07/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP	07/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	NITRO PERM LIC	07/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	OFFICE FURNITURE	07/31/14	\$ 214.08
10230 - Office Furniture & Equip	2900-Dallas TX	OFFICE FURNITURE	07/31/14	\$ 204.14
10230 - Office Furniture & Equip	2900-Dallas TX	OFFICE FURNITURE	07/31/14	\$ 228.60
10230 - Office Furniture & Equip	2900-Dallas TX	SLP WIN ENTERPRISE	07/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	SLP WIN SVR	07/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	TOUGHBOOKS 53 PAN	07/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	DESKTOP- 600P TWR I5/3.2	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	DESKTOP- 600P TWR I5/3.2	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	DESKTOP- 600P TWR I5/3.2	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	DESKTOP- 600P TWR I5/3.2	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	DESKTOP- 600P TWR I5/3.2	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	HP PROBOOK 650G1	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	HP PROBOOK 650G1	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	HP PROBOOK 650G1	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	HP PROBOOK 650G1	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	HP PROBOOK 650G1	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	HP PROBOOK 650G1	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	HP PROBOOK 650G1	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	HP PROBOOK 650G1	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	HP PROBOOK 650G1	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -650 I5/2.5 15.6	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -650 I5/2.5 15.6	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -650 I5/2.5 15.6	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -650 I5/2.5 15.6	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -650 I5/2.5 15.6	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -650 I5/2.5 15.6	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -650 I5/2.5 15.6	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -650 I5/2.5 15.6	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -650 I5/2.5 15.6	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -650 I5/2.5 15.6	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -SBUY T510 ENERGY STAR	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -SBUY T510 ENERGY STAR	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -SBUY T510 ENERGY STAR	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -SBUY T510 ENERGY STAR	04/30/14	\$ -

Account	Location	Description	In Svc Date	Net Book Value
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -SBUY T510 ENERGY STAR	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -SBUYPRO 650/I5	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -SBUYPRO 650/I5	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -SBUYPRO 650/I5	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -SBUYPRO 650/I5	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -SBUYPRO 650/I5	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP -WIN8/128G/4GDRDR3	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	OFFICE FURNITURE-HQ	04/30/14	\$ 408.75
10230 - Office Furniture & Equip	2900-Dallas TX	OFFICE FURNITURE-HQ	04/30/14	\$ 2,937.55
10230 - Office Furniture & Equip	2900-Dallas TX	OFFICE FURNITURE-HQ	04/30/14	\$ 758.23
10230 - Office Furniture & Equip	2900-Dallas TX	SIGN	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	TOUGHBOOK S3	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	TOUGHBOOK S3	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	TOUGHBOOK S3	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	TOUGHBOOK S3	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	TOUGHBOOK S3	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	TRADE SHOW BOOTH	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	WIN8 -DVD	04/30/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	ACCESS PERM LIC	03/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	DESKTOP 600p TWR I5/3.2	03/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	DESKTOP 600p TWR I5/3.2	03/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	DESKTOP 600p TWR I5/3.2	03/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	DESKTOP 600p TWR I5/3.2	03/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP 6570 NB I5/2.6	03/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP 6570 NB I5/2.6	03/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP 6570 NB I5/2.6	03/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	OFFICE FURNITURE	03/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	SIGNAGE - LEGACY	03/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	SOLARWINDS MONITORING STFWR	03/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	TV/MONITORS	03/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	CHECK PRINTER TRAY	02/28/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	DESKTOP PRODESK 400 GI	02/28/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	DESKTOP PRODESK 400 GI	02/28/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	DESKTOP-ACCTING	02/28/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	DESKTOP-ACCTING	02/28/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	NETWORK SWITCHES	02/28/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	NETWORK SWITCHES	02/28/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	SERVER PWR T320 X-E5-14	01/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	WIRELESS EQUIP	01/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	WIRELESS NETWORK	01/31/14	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	HARDWARE-END USER	12/31/13	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	HARDWARE-END USER	12/31/13	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	NETWORK-VOIP	12/31/13	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	NETWORK-VOIP	12/31/13	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	NETWORK-VOIP	12/31/13	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	NETWORK-VOIP	12/31/13	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	SOFTWARE	12/31/13	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	SOFTWARE-ENTERPRISE	12/31/13	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	SOFTWARE-ENTERPRISE	12/31/13	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	SOFTWARE-ENTERPRISE	12/31/13	\$ -
10230 - Office Furniture & Equip	2900-Dallas TX	AIRWATCH SOFTWARE LICENSE FOR CELL PHONES	11/30/13	\$ 7.52
10230 - Office Furniture & Equip	2900-Dallas TX	CISCO 1841 ADV SECURITY BUNDLE ROUTER	11/30/13	\$ 33.32
10230 - Office Furniture & Equip	2900-Dallas TX	COMPUTERS	11/30/13	\$ 3.03
10230 - Office Furniture & Equip	2900-Dallas TX	COMPUTERS AND SOFTWARE...TABLETS	11/30/13	\$ 74.35
10230 - Office Furniture & Equip	2900-Dallas TX	LAN BASE AND STACK MODULE	11/30/13	\$ 12.44
10230 - Office Furniture & Equip	2900-Dallas TX	POLYCOM I 335 SIP 2 LINE IP335 PHONE	11/30/13	\$ 2.47

Account	Location	Description	In Svc Date	Net Book Value
10230 - Office Furniture & Equip	2900-Dallas TX	POLYCOM I 335 SIP 2 LINE IP335 PHONE	11/30/13	\$ 1.16
10230 - Office Furniture & Equip	2900-Dallas TX	POLYCOM I 335 SIP 2 LINE IP335 PHONE	11/30/13	\$ 1.66
10230 - Office Furniture & Equip	2900-Dallas TX	POLYCOM I 335 SIP 2 LINE IP335 PHONE	11/30/13	\$ 1.53
10230 - Office Furniture & Equip	2900-Dallas TX	POLYCOM I 335 SIP 2 LINE IP335 PHONE	11/30/13	\$ 1.21
10230 - Office Furniture & Equip	2900-Dallas TX	POLYCOM I 335 SIP 2 LINE IP335 PHONE	11/30/13	\$ 1.87
10230 - Office Furniture & Equip	2900-Dallas TX	SAGE FAS SOFTWARE	11/30/13	\$ 4.78
10230 - Office Furniture & Equip	2900-Dallas TX	SFP LAN BASE	09/30/13	\$ 17.80
10230 - Office Furniture & Equip	2900-Dallas TX	19 Gray Fabric Panels	07/31/13	\$ 21.52
10230 - Office Furniture & Equip	2900-Dallas TX	AGAS.RCG PROJECT - AP INVOICES	07/31/13	\$ 2,026.93
10230 - Office Furniture & Equip	2900-Dallas TX	AGAS/RCG PROJECT LABOR	07/31/13	\$ 537.51
10230 - Office Furniture & Equip	2900-Dallas TX	EPSR - JWM PROJECT LABOR	07/31/13	\$ 492.71
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP - MIDLAND	07/31/13	\$ 8.20
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP - MIDLAND	07/31/13	\$ 11.46
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP - SHREVEPORT	07/31/13	\$ 11.99
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP - SHREVEPORT	07/31/13	\$ 9.94
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP - SHREVEPORT	07/31/13	\$ 11.96
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP - SHREVEPORT	07/31/13	\$ 10.84
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP - SHREVEPORT	07/31/13	\$ 10.44
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP - SHREVEPORT	07/31/13	\$ 13.53
10230 - Office Furniture & Equip	2900-Dallas TX	LAPTOP - VAN BUREN	07/31/13	\$ 15.64
10230 - Office Furniture & Equip	2900-Dallas TX	New Furniture for OKC Office	07/31/13	\$ 919.25
10230 - Office Furniture & Equip	2900-Dallas TX	Office desk - Shreveport	07/31/13	\$ 18.29
10230 - Office Furniture & Equip	2900-Dallas TX	SCADA SOFTWARE	07/31/13	\$ 1,263.77
10230 - Office Furniture & Equip	2900-Dallas TX	table/chairs, lamps, 1 credenza, 1 hutch, 1 desk, 2	07/31/13	\$ 1,418.08
10230 - Office Furniture & Equip	2900-Dallas TX	TRADE SHOW EQUIPMENT	07/31/13	\$ -
				\$ 66,273.26

Account	Location	Description	In Svc Date	Net Book Value
10230 - Office Furniture & Equip	2900-Shreveport, LA	Office Furniture	03/31/17	\$ 9,731.18
				\$9,731.18

TOTAL \$ 76,004.44

Account	Location	Description	In Svc Date	Net Book Value
10220 - Equipment & Tools	2900-Dallas TX	CAMERA -SECURITY SYSTEM	03/31/15	\$ 1,794.89
				\$ 1,794.89

Account	Location	Description	In Svc Date	Net Book Value
10220 - Equipment & Tools	3350-Tyler TX	2nd store front partition	07/31/13	\$ 11.16
10220 - Equipment & Tools	3350-Tyler TX	Low Headroom Lifting Beam (Model 10-10-8	04/30/16	\$ 43.37
10220 - Equipment & Tools	3350-Tyler TX	Original Equipment purchased with Land a	04/30/16	\$ 75,993.47
10220 - Equipment & Tools	3350-Tyler TX	Storage Racks	04/30/16	\$ 2,768.90
10220 - Equipment & Tools	3350-Tyler TX	Warehouse Racks	04/30/16	\$ 3,298.89
10220 - Equipment & Tools	3350-Tyler TX	Warehouse Racks	04/30/16	\$ 733.40
10220 - Equipment & Tools	3350-Tyler TX	Warehouse Racks	04/30/16	\$ 1,648.81
10220 - Equipment & Tools	3350-Tyler TX	Warehouse Racks (tax)	04/30/16	\$ 272.16
				\$ 84,770.16
		TOTAL	\$	86,565.05

Account	Location	Description	In Svc Date	Net Book Value
10240 - Building & Improvements	2900-Dallas TX	ADDISON OFFICE EXPANSION	11/30/15	\$ 26,167.70
10240 - Building & Improvements	2900-Dallas TX	SERVER ROOM DOOR & OFFICE DOOR LOCKS	11/30/15	\$ 1,406.57
10250 - Leasehold Improvements	2900-Dallas TX	Woodlands office buildout	02/28/18	\$ 3,735.30
10250 - Leasehold Improvements	2900-Dallas TX	Woodlands office buildout	02/28/18	\$ 3,863.85
10250 - Leasehold Improvements	2900-Dallas TX	Woodlands office buildout	02/28/18	\$ 26,284.46
10250 - Leasehold Improvements	2900-Dallas TX	OFFICE BUILDOUT-HQ	04/30/14	\$ 124.50
10250 - Leasehold Improvements	2900-Dallas TX	OFFICE BUILDOUT-HQ	04/30/14	\$ 12.64
10250 - Leasehold Improvements	2900-Dallas TX	OFFICE BUILDOUT-HQ	04/30/14	\$ 47.70
				\$ 61,642.72

Fill in this information to identify the case:

Debtor name **Legacy Measurement Solutions, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**Case number (if known) **19-32238**☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Amegy Bank <small>Creditor's Name</small> 1717 W. Loop S. Houston, TX 77027 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Lien on all assets Describe the lien Secured Loan Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,455,000.00	Unknown

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$3,455,000.00

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Jason T. Lyod Porter Hedges LLP 1000 Main St., 36th Floor Houston, TX 77002	Line 2.1	
Joshua Wolfshohl Porter Hedges LLP 1000 Main St., 36th Floor Houston, TX 77002	Line 2.1	

Debtor Legacy Measurement Solutions, Inc.
Name

Case number (if know) 19-32238

Fill in this information to identify the case:Debtor name **Legacy Measurement Solutions, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**Case number (if known) **19-32238**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Carolyn M. Leck Canadian County Treasurer 201N Choctaw El Reno, OK 73036	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$932.00	\$932.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: 2018 Property Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Gary B. Barber Smith County Tax Office PO Box 2011 Tyler, TX 75710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$216,261.44	\$216,261.44
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: 2018 Property Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Legacy Measurement Solutions, Inc. Name	Case number (if known)	19-32238
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2.3	Priority creditor's name and mailing address Julian C. Whittington Sheriff and Ex-Officio Tax Collector Parish of Bossier PO Box 850 Benton, LA 71006-0850	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$436.48	\$436.48
	Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: 2018 Property Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Montgomery County Appraisal District PO Box 2233 Conroe, TX 77305	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,473.09	\$7,473.09
	Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: 2018 Property Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
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3.1	Nonpriority creditor's name and mailing address 213 Investments, LLC PO Box 2528 Longview, TX 75606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,405.00	
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3.2	Nonpriority creditor's name and mailing address A-1 SHEETMETAL INC 5909 EAST 15TH STREET TULSA, OK 74112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,261.00	
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3.3	Nonpriority creditor's name and mailing address AAXION INC. PO Box 4322 Tyler, TX 75712 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: (\$55.68) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
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Debtor **Legacy Measurement Solutions, Inc.**
NameCase number (if known) **19-32238**

3.4	Nonpriority creditor's name and mailing address ABB INC PO BOX 88868 CHICAGO, IL 60695-1868 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,043.00
3.5	Nonpriority creditor's name and mailing address ABBOTT VALVE & FITTING CO P O BOX 632727 CINCINNATI, OH 45263-2727 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,706.45
3.6	Nonpriority creditor's name and mailing address ABM INVESTMENTS LTD 1099 W MILLTOWN WOOSTER, OH 44691 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.00
3.7	Nonpriority creditor's name and mailing address ACCURATE MANUFACTURING INC 2765 DAWSON RD TULSA, OK 74110-5035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,835.00
3.8	Nonpriority creditor's name and mailing address ACUREN INSPECTIONS INC P O BOX 846313 DALLAS, TX 75284-6313 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,997.86
3.9	Nonpriority creditor's name and mailing address ADDISON TOWER INVESTMENT CO 12600 NORTHBOROUGH STE 280 HOUSTON, TX 77067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,686.00
3.10	Nonpriority creditor's name and mailing address ADE-WIFCOSTEEL PRODUCTS, INC WIFCO STEEL PRODUCTS, INC HUTCHINSON, KS 67502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,297.66

Debtor	Legacy Measurement Solutions, Inc. <small>Name</small>	Case number (if known)	19-32238
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3.11	Nonpriority creditor's name and mailing address ADVANCED CONTROL PRODUCTS LLC CINCINNATI, OH 45246 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,222.80
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3.12	Nonpriority creditor's name and mailing address ADVANCED OILFIELD SERVICES 40 VARNER LN CLAYSVILLE, PA 15323 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,432.00
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3.13	Nonpriority creditor's name and mailing address AEON PROCESS EQUIPMENT & CONTROL SOLUTIONS INC DBA SHREVEPORT, LA 71137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,969.63
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3.14	Nonpriority creditor's name and mailing address AEROTEK INC DBA AEROTEK PROFESSIONAL HANOVER, MD 21076 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,773.74
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3.15	Nonpriority creditor's name and mailing address AFLAC PO Box 84069 Columbus, GA 31908-4069 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,685.93
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3.16	Nonpriority creditor's name and mailing address AIR QUALITY ASSOCIATES INC 3933 FM 344 E TYLER, TX 75703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,533.00
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3.17	Nonpriority creditor's name and mailing address AIRGAS INC DBA AIRGAS USA LLC MAGNOLIA, AR 71753 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,625.05
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3.18	Nonpriority creditor's name and mailing address AIRGAS INC DBA AIRGAS USA LLC WILLIAMSPORT, PA 17701-4084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89,831.14
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3.19	Nonpriority creditor's name and mailing address Amegy Bank 1717 W. Loop S. Houston, TX 77027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.20	Nonpriority creditor's name and mailing address Amegy Bank 1717 W. Loop S. Houston, TX 77027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>interest</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,042.85
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3.21	Nonpriority creditor's name and mailing address AMENCE DEVELOPMENT, LLC 13527 MISSARAH LANE CYPRESS, TX 77429 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,972.33
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3.22	Nonpriority creditor's name and mailing address AMERESCO SOLAR PO BOX 849720 DALLAS, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,988.64
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3.23	Nonpriority creditor's name and mailing address American Energy Woodford LLC PO Box 5426 Oklahoma City, OK 73154 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$959.40
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3.24	Nonpriority creditor's name and mailing address American Industrial Training American Industrial Lifting Flat Rock, MI 48134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$895.00
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Debtor **Legacy Measurement Solutions, Inc.**
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3.25	Nonpriority creditor's name and mailing address AMERICAN PIPING PRODUCTS IN PO BOX 928 CHESTERFIELD, MO 63006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,163.41
3.26	Nonpriority creditor's name and mailing address ANCHOR SAFETY INC PO BOX 10030 LONGVIEW, TX 75608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,188.20
3.27	Nonpriority creditor's name and mailing address ANDREWS INDUSTRIAL CONTROLS 108 ROSSLYN ROAD CARNEGIE, PA 15106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,159.50
3.28	Nonpriority creditor's name and mailing address AON RISK SERVICES SOUTHWEST INC CHICAGO, IL 60675-1943 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.29	Nonpriority creditor's name and mailing address API AUTOBODY PRODUCTS INC BUTLER, PA 16001-6027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,573.81
3.30	Nonpriority creditor's name and mailing address API CONTROL SYSTEM SOLUTIONS 218 HECTOR CONNOLLY RD CARENCRO, LA 70520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108,811.25
3.31	Nonpriority creditor's name and mailing address APIS INC 6751 ENGLE ROAD MIDDLEBUR HTS, OH 44130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,965.70

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3.32	Nonpriority creditor's name and mailing address APO PUMPS & COMPRESSORS 6607 CHITTENDEN ROAD HUDSON, OH 44236 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,281.00
3.33	Nonpriority creditor's name and mailing address APPLIED INDUSTRIAL TECH INC 126 CARR LANE FAIRMONT, WV 26554 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,105.69
3.34	Nonpriority creditor's name and mailing address APPLIED PIPELINE INC 244 N FINDLEY ST PUNXUTANWNEY, PA 15767 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,547.12
3.35	Nonpriority creditor's name and mailing address ARRAY HOLDINGS DBA CACTUS FLOW PRODUCTS HOUSTON, TX 77032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,627.00
3.36	Nonpriority creditor's name and mailing address ARROW VALVE COMPANY INC 200 N FOREMAN STREET CANEY, KS 67333 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,271.70
3.37	Nonpriority creditor's name and mailing address ARROWHEAD CONTRACTORS SUPPLY 201 ESTES DRIVE LONGVIEW, TX 75602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,387.97
3.38	Nonpriority creditor's name and mailing address ASCO, L.P. PO BOX 73115 CHICAGO, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,135.00

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3.39	Nonpriority creditor's name and mailing address ATCHAFALAYA MEASUREMENT INC 124 CREDIT DR SCOTT, LA 70583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,229.43
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3.40	Nonpriority creditor's name and mailing address ATS SPECIALIZED INC. 725 OPPORTUNITY DRIVE ST. CLOUD, MN 56301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,152.44
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3.41	Nonpriority creditor's name and mailing address AUTOMATION-X CORPORATION 620 S CARLTON FARMINGTON, NM 87401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$166,545.50
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3.42	Nonpriority creditor's name and mailing address AWC INC PO BOX 974800 DALLAS, TX 75397-4800 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,675.30
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3.43	Nonpriority creditor's name and mailing address AYRSHIRE INC PO BOX 172 CHARDON, OH 44024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$278,115.43
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3.44	Nonpriority creditor's name and mailing address AZZ GALVANIZING PO BOX 843771 DALLAS, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,962.76
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3.45	Nonpriority creditor's name and mailing address BAIRD HOTSHOT SERVICES LLC 2217 LYNN ST PAMPA, TX 79065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.17
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3.46	Nonpriority creditor's name and mailing address BAKER TANKHEAD INC PO BOX 77021 FORT WORTH, TX 76177 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,326.00
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3.47	Nonpriority creditor's name and mailing address BALON CORPORATION 3245 S HATTIE OKLAHOMA CITY, OK 73129-6621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$207,901.80
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3.48	Nonpriority creditor's name and mailing address BARCLAY DALLAS BRANCH PLANO, TX 75074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,450.03
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3.49	Nonpriority creditor's name and mailing address BBP SALES INC 337 HIGHLANDIA DRIVE BATON ROUGE, LA 70810 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,046.60
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3.50	Nonpriority creditor's name and mailing address BCBSTX 1001 E LOOKOUT DRIVE RICHARDSON, TX 75082 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$218,281.89
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3.51	Nonpriority creditor's name and mailing address BEREAU VERITAS- ONE CIS INSURANCE ATLANTA, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,630.26
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3.52	Nonpriority creditor's name and mailing address BIG RED FASTENERS 608 N WALNUT AVE BROKEN ARROW, OK 74012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$675.04
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3.53	Nonpriority creditor's name and mailing address BKM SOWAN HORAN LLP 15301 DALLAS PKWY STE 960 ADDISON, TX 75001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,067.40
3.54	Nonpriority creditor's name and mailing address BLOEDORN LUMBER-CASPER 665 SO WALNUT CASPER, WY 82602-0265 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,955.74
3.55	Nonpriority creditor's name and mailing address Blue Racer Midstream LLC 5949 Sherry Lane Suite 1300 Dallas, TX 75225-8036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>A/R net credit balance (current)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.00
3.56	Nonpriority creditor's name and mailing address BRUEST CATALYTIC HEATERS PO BOX 827 INDEPENDENCE, KS 67301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$399.60
3.57	Nonpriority creditor's name and mailing address CAL TEC LABS INC. 501 MANSFIELD AVE PITTSBURGH, PA 15205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,321.50
3.58	Nonpriority creditor's name and mailing address CANALTA USA CORPORATION 1631 COOPER CREEK RD DENTON, TX 76208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240,345.81
3.59	Nonpriority creditor's name and mailing address CAPITAL VALVE & FITTING CO I 9243 INTERLINE AVE BATON ROUGE, LA 70809-1986 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,421.80

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3.60	Nonpriority creditor's name and mailing address CARBOLINE COMPANY P O BOX 931942 CLEVELAND, OH 44193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,795.91
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3.61	Nonpriority creditor's name and mailing address CATALYTIC HEATER COMPANY PO BOX 188 TERRELL, TX 75160 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,234.50
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3.62	Nonpriority creditor's name and mailing address CCI THERMAL TECHNOLOGIES TEXAS INC HOUSTON, TX 77032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,108.01
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3.63	Nonpriority creditor's name and mailing address Centerpoint Energy PO Box 4981 Houston, TX 77210-4981 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,203.76
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3.64	Nonpriority creditor's name and mailing address CENTURYLINK PO BOX 29040 PHOENIX, AZ 85038-9040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,808.26
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3.65	Nonpriority creditor's name and mailing address CHARBONNEAU INDUSTRIES INC DBA C I ACTUATION DALLAS, TX 75284-2348 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,990.97
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3.66	Nonpriority creditor's name and mailing address CHARTS LTD 2031 TRADE DR MIDLAND, TX 79706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,474.23
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Debtor **Legacy Measurement Solutions, Inc.**
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3.67	Nonpriority creditor's name and mailing address Chevron Corporation 6001 Bollinger Canyon Road San Ramon, CA 94583-2324 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,656.43
3.68	Nonpriority creditor's name and mailing address Chevron North America 6001 Bollinger Canyon Road San Ramon, CA 94583-2324 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,133.62
3.69	Nonpriority creditor's name and mailing address CHURCH TOWNE GAS & WELDING 860 SUNEL ROAD COCHRANTON, PA 16314 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,624.97
3.70	Nonpriority creditor's name and mailing address Cimarron Electric PO Box 299 Kingfisher, OK 73750 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>(\$119.02)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.71	Nonpriority creditor's name and mailing address CINTAS CORPORATION #310 PO BOX 630910 CINCINNATI, OH 45263-0910 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,824.43
3.72	Nonpriority creditor's name and mailing address CINTAS CORPORATION NO 2 PO BOX 631025 CINCINNATI, OH 45263-1025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,968.16
3.73	Nonpriority creditor's name and mailing address CITY OF TYLER TYLER WATER UTILITIES TYLER, TX 75710-0336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.24

Debtor	Legacy Measurement Solutions, Inc. <small>Name</small>	Case number (if known)	19-32238
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3.74	Nonpriority creditor's name and mailing address CJS JANITORIAL SERVICES OF NEO LLC WARREN, OH 44484 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,104.11
3.75	Nonpriority creditor's name and mailing address CLEAN HARBORS ENVIRONMENTAL 42 LONGWATER DRIVE NORWELL, MA 02061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,594.73
3.76	Nonpriority creditor's name and mailing address CODEWARE INC P O BOX 741888 ATLANTA, GA 30384-1888 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,362.48
3.77	Nonpriority creditor's name and mailing address COGENT INC INDUSTRIAL MEASUREMENT BILLINGS, MT 59101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,172.40
3.78	Nonpriority creditor's name and mailing address Colorado Dept of Revenue 1375 Sherman Street Denver, CO 80261-0013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>(\$204.80)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.79	Nonpriority creditor's name and mailing address COLORADO ENGINEERING EXPERIMENT STATION INC DBA NUNN, CO 80648 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,280.00
3.80	Nonpriority creditor's name and mailing address COMPUTER ENGINEERING INC DBA CEI BLUE SPRINGS, MO 64014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,440.00

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3.81	Nonpriority creditor's name and mailing address COMSAL INC DBA TAXSAVER PLAN DALLAS, TX 75204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$390.00
3.82	Nonpriority creditor's name and mailing address Conoco Phillips PO Box 2200 Bartlesville, OK 74005-2200 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>A/R net credit balance (current)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,059.27
3.83	Nonpriority creditor's name and mailing address CONTINENTAL BATTERY COMPANY 4919 WOODALL STREET DALLAS, TX 75247-6710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$652.90
3.84	Nonpriority creditor's name and mailing address CONTRACTORS BUILDING SUPPLY DBA CBS RENTAL AND SUPPLY HOUSTON, TX 77210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$572.37
3.85	Nonpriority creditor's name and mailing address CORCENTRIC COLLECTIVE BUSINESS SYSTEMS CHICAGO, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,209.89
3.86	Nonpriority creditor's name and mailing address COUNCIL DEVELOPMENT CORP DBA PEC/PREMIER SAFETY MANDEVILLE, LA 70471 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,695.00
3.87	Nonpriority creditor's name and mailing address CROZIER WELDING, LLC 53585 LAFAYETTE TWP. ROAD FRESNO, OH 43824 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76,500.00

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3.88	Nonpriority creditor's name and mailing address CRYSTAL ENGINEERING CORPORATION SAN LUIS OBISPO, CA 93401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,547.50
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3.89	Nonpriority creditor's name and mailing address CT CORPORATION SYSTEM 208 NORTH BROADWAY SUITE 313 BILLINGS, MT 59101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,689.85
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3.90	Nonpriority creditor's name and mailing address CTMI LLC 12720 HILLCREST RD DALLAS, TX 75002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,650.00
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3.91	Nonpriority creditor's name and mailing address Dahlia Development LLC c/o Adam Cunyus Midland, TX 79710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,500.00
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3.92	Nonpriority creditor's name and mailing address DALLAS VALVE & INSTRUMENT CO 3365 GARDEN BROOK DRIVE DALLAS, TX 75234 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,959.02
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3.93	Nonpriority creditor's name and mailing address DANIEL MEAS & CONTROL INC 11100 BRITTMORE PARK DR HOUSTON, TX 77041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179,234.01
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3.94	Nonpriority creditor's name and mailing address DANOS, LLC 3878 W. MAIN STREET GRAY, LA 70359 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,749.11
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3.95	Nonpriority creditor's name and mailing address Darrell Florence et al c/o Jeffrey T. Embry Hossley & Embry, LLP 515 S. Vine Ave. Tyler, TX 75702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Pending Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.96	Nonpriority creditor's name and mailing address DATA SHREDDING SERVICES OF TEXAS, INC II HOUSTON, TX 77018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164.00
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3.97	Nonpriority creditor's name and mailing address DAVIS & DAVIS CO PO BOX 9922 DENVER, CO 80209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$268,763.95
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3.98	Nonpriority creditor's name and mailing address DE LAGE LANDEN FINANCIAL PO BOX 41601 PHILADELPHIA, PA 19101-1601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,328.58
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3.99	Nonpriority creditor's name and mailing address DEFELSKO CORPORATION 802 PROCTOR AVE OGDENSBURG, NY 13669 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$882.50
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3.100	Nonpriority creditor's name and mailing address DELTA DENTAL INSURANCE CO 1130 SANCTUARY PARKWAY ALPHARETTA, GA 30009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,939.15
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3.101	Nonpriority creditor's name and mailing address DELTA SCREEN & FILTRATION, LLC HOUSTON, TX 77284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,248.00
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3.102	Nonpriority creditor's name and mailing address DELTA STEEL INC P O BOX 849086 DALLAS, TX 75284-9086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87,118.02
3.103	Nonpriority creditor's name and mailing address Devon Energy Production 333 W. Sheridan Avenue Oklahoma City, OK 73102-5010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,013.88
3.104	Nonpriority creditor's name and mailing address DISA GLOBAL SOLUTIONS INC DEPT 3731 DALLAS, TX 75312-3731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,960.85
3.105	Nonpriority creditor's name and mailing address DISCOUNT DOOR AND PAINT 1531 EAST BURLINGTON CASPER, WY 82601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,671.00
3.106	Nonpriority creditor's name and mailing address DOWN-RIGHT FREIGHT LLC 3065 NORTH GOLIAD ST ROCKWALL, TX 75087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,185.00
3.107	Nonpriority creditor's name and mailing address DS WATERS OF AMERICA DBA KENTWOOD SPRINGS DALLAS, TX 75266-0579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.99
3.108	Nonpriority creditor's name and mailing address DYNAMIC FREIGHT CARRIERS INC P O BOX 843007 KANSAS CITY, MO 64184 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$224,907.00

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3.109	Nonpriority creditor's name and mailing address Eaglehawk Field Service 1360 Post Oak Blvd. Houston, TX 77056-3030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102,014.02
3.110	Nonpriority creditor's name and mailing address EAS ISOLATION VALVES INC OKC P O BOX 955991 ST LOUIS, MO 63195-5991 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,694.57
3.111	Nonpriority creditor's name and mailing address EAST TEXAS FASTENERS 2320 EAST COMMERCE TYLER, TX 75702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,394.91
3.112	Nonpriority creditor's name and mailing address EAST TEXAS LIFT TRUCK INC P O BOX 8251 TYLER, TX 75701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,314.32
3.113	Nonpriority creditor's name and mailing address EAST TEXAS PAINT & COATINGS 2115 EAST 5TH STREET TYLER, TX 75701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,638.25
3.114	Nonpriority creditor's name and mailing address ECAD INC P O BOX 51507 MIDLAND, TX 79710-1507 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,037.56
3.115	Nonpriority creditor's name and mailing address EDGEN MURRAY CORPORATION 18444 HIGHLAND ROAD BATON ROUGE, LA 70809 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,485.00

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3.116	Nonpriority creditor's name and mailing address EDGEN MURRAY LLC 18444 HIGHLAND ROAD BATON ROUGE, LA 70884 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,897.59
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3.117	Nonpriority creditor's name and mailing address ELECTRIC SUPPLY COMPANY INC P O BOX 1741 SHREVEPORT, LA 71166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,531.31
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3.118	Nonpriority creditor's name and mailing address ELLIOTT ELECTRIC SUPPLY INC 1500 W COTTON LONGVIEW, TX 75604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,408.77
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3.119	Nonpriority creditor's name and mailing address ELLISPORTER 755 W BIG BEAVER RD STE 110 TROY, MI 48084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,511.50
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3.120	Nonpriority creditor's name and mailing address Elster American Meter 2221 Industrial Road Nebraska City, NE 68410 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.91
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3.121	Nonpriority creditor's name and mailing address EMPOWER RETIREMENT P O BOX 173764 DENVER, CO 80217-3764 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650.00
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3.122	Nonpriority creditor's name and mailing address Enable Midstream Partners LP PO Box 258853 Oklahoma City, OK 73125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$990.00
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Debtor **Legacy Measurement Solutions, Inc.**
NameCase number (if known) **19-32238**

3.123	Nonpriority creditor's name and mailing address Encana Oil & Gas USA Inc. 370 17 Street Suite 1700 Denver, CO 80202-1370 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,936.64
3.124	Nonpriority creditor's name and mailing address ENDRESS+HAUSER INC PO BOX 78000 DETROIT, MI 48278-0795 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,105.38
3.125	Nonpriority creditor's name and mailing address ENERGY POWER SERVICES 3251 BRIGHTWOOD NEW PHILADELPHIA, OH 44663 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,050.00
3.126	Nonpriority creditor's name and mailing address Energy Transfer Fuel LP 800 E. Sonterra Blvd. San Antonio, TX 78258-3940 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,258.62
3.127	Nonpriority creditor's name and mailing address Enterprise Products Oper LP 1100 Louisiana Suite 1128 Houston, TX 77002-5227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,541.16
3.128	Nonpriority creditor's name and mailing address ENVIRONMENTAL & SAFETY SUPPORT GROUP LLC EDMOND, OK 73083-7773 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,479.00
3.129	Nonpriority creditor's name and mailing address ENVIRONMENTAL SPECIALISTS 1000 ANDREWS AVE YOUNGSTOWN, OH 44505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00

Debtor	Legacy Measurement Solutions, Inc. Name	Case number (if known)	19-32238
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3.130	Nonpriority creditor's name and mailing address EOG Resources Inc. PO Box 4362 Houston, TX 77210-4362 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,010.45
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3.131	Nonpriority creditor's name and mailing address EQT Production PO Box 23425 Pittsburg, PA 15222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>advance payment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,565,044.40
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3.132	Nonpriority creditor's name and mailing address EQUIPMENT & CONTROLS INC 2 PARK DRIVE LAWRENCE, PA 15055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,643.62
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3.133	Nonpriority creditor's name and mailing address ESAB WELDING AND CUTTING PRO 411 S EBENEZER ROAD FLORENCE, SC 29501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,563.64
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3.134	Nonpriority creditor's name and mailing address EXAMINETICS INC 10561 BARKLEY PLACE STE 400 OVERLAND PARK, KS 66212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,870.00
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3.135	Nonpriority creditor's name and mailing address EXECUTIVER LANDSCAPING INC P O BOX 1480 VIENNA, OH 44473 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,355.40
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3.136	Nonpriority creditor's name and mailing address F & G INDUSTRIES P O BOX 704 TERRELL, TX 75160 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,736.46
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Debtor **Legacy Measurement Solutions, Inc.**
NameCase number (if known) **19-32238**

3.137	Nonpriority creditor's name and mailing address FABCO PRODUCTS INC PO BOX 489 HAWKINS, TX 75765 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,403.00
3.138	Nonpriority creditor's name and mailing address FARWEST CORROSION CONTROL CO 12029 REGENTVIEW AVE DOWNEY, CA 90241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,819.69
3.139	Nonpriority creditor's name and mailing address FASTENAL CO 600 SSE LOOP 323 TYLER, TX 75702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,711.70
3.140	Nonpriority creditor's name and mailing address FASTENER SOLUTIONS INC 20 CHESTNUT STREET GARFIELD, NJ 07026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,115.33
3.141	Nonpriority creditor's name and mailing address FCX PERFORMANCE INC 3000 E 14TH AVE COLUMBUS, OH 43219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,815.00
3.142	Nonpriority creditor's name and mailing address FEDEX PO BOX 660481 DALLAS, TX 75266-0481 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.94
3.143	Nonpriority creditor's name and mailing address FIDELITY SECURITY LIFE INSURANCE CINCINNATI, OH 45263-2530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,656.05

Debtor **Legacy Measurement Solutions, Inc.**
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3.144	Nonpriority creditor's name and mailing address FILTRATION GROUP PROCESS INC 428 N. ELM NOWATA, OK 74048 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63,430.98
3.145	Nonpriority creditor's name and mailing address FLAMECO INDUSTRIES INC PO BOX 4303 TULSA, OK 74159 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102,288.97
3.146	Nonpriority creditor's name and mailing address FLOW CONTROL EQUIPMENT LLC PO BOX 60939 LAFAYETTE, LA 70596 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,190.00
3.147	Nonpriority creditor's name and mailing address Flow-Zone Measurement Ltd PO Box 13887 Odessa, TX 79768-3887 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,367.08
3.148	Nonpriority creditor's name and mailing address FLUID SEALING PRODUCTS INC 155 SOUTHBELT INDUSTRIAL DR HOUSTON, TX 77047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,756.70
3.149	Nonpriority creditor's name and mailing address FMC TECHNOLOGIES MEASUREMENT SOLUTIONS CHICAGO, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,287.98
3.150	Nonpriority creditor's name and mailing address FORBERG SCIENTIFIC INC C/O FIFTH THIRD BANK CINCINNATI, OH 45263-4380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,289.00

Debtor	Legacy Measurement Solutions, Inc. <small>Name</small>	Case number (if known)	19-32238
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3.151	Nonpriority creditor's name and mailing address FORT WORTH F & D CO INC 3040 PEDEN ROAD FORT WORTH, TX 76179 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$198,780.00
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3.152	Nonpriority creditor's name and mailing address FOUR STATES GASKET & RUBBER INC FARMINGTON, NM 87401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,673.44
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3.153	Nonpriority creditor's name and mailing address FPR HOLDINGS LP 8221 TRISTAR DR IRVING, TX 75063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,299.51
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3.154	Nonpriority creditor's name and mailing address GC BUILDING SUPPLY INC 1070 COLMAN CIRCLE CASPER, WY 82602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,156.25
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3.155	Nonpriority creditor's name and mailing address GCIC LLC DBA RES ENERGY SOLUTIONS DALLAS, TX 75267-1705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,265.86
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3.156	Nonpriority creditor's name and mailing address GE MDS LLC 175 SCIENCE PKWY ROCHESTER, NY 14620 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,483.00
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3.157	Nonpriority creditor's name and mailing address GEN X MACHINE TECHNOLOGIES INC TULSA, OK 74145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,646.62
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Debtor	Legacy Measurement Solutions, Inc. <small>Name</small>	Case number (if known)	19-32238
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3.158	Nonpriority creditor's name and mailing address GENERAL INSULATION INC 110 SOUTH WARD DR LONGVIEW, TX 75604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,150.00
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3.159	Nonpriority creditor's name and mailing address GGCTR INC GULF COAST TOOL & RENTAL PASADENA, TX 77505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$333.41
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3.160	Nonpriority creditor's name and mailing address GIRARD MACHINERY SALES CORP PO BOX 298 GIRARD, OH 44420-0298 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,514.00
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3.161	Nonpriority creditor's name and mailing address GK TECHSTAR LLC TECHSTAR DEER PARK, TX 77536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,462.52
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3.162	Nonpriority creditor's name and mailing address GOODHART SONS, INC. 2515 HORSESHOE RD LANCASTER, PA 17601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,000.00
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3.163	Nonpriority creditor's name and mailing address GRAINGER (810463117) PO BOX 419267 KANSAS CITY, MO 64141-6267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,035.04
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3.164	Nonpriority creditor's name and mailing address GRANT THORNTON LLP 33911 TREASURY CENTER CHICAGO, IL 60694-3900 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,785.00
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Debtor **Legacy Measurement Solutions, Inc.**
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3.165	Nonpriority creditor's name and mailing address GRAPHIC CONTROLS LLC PO BOX 1271 BUFFALO, NY 14240-1271 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,030.35
3.166	Nonpriority creditor's name and mailing address GRAYBAR - DALLAS PO BOX 840458 DALLAS, TX 75284-0458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: (\$3,371.94) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.167	Nonpriority creditor's name and mailing address GREGORY A MORRIS DBA A HOTSHOT BOSSIER CITY, LA 71112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,890.00
3.168	Nonpriority creditor's name and mailing address GULF COAST TECHNOLOGY GROUP, LLC HOUSTON, TX 77066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,707.97
3.169	Nonpriority creditor's name and mailing address GULF COAST TMC LLC 7670 HIGHWAY 10 ETHEL, LA 70730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,785.00
3.170	Nonpriority creditor's name and mailing address H & K EQUIPMENT 4200 CASTEEL DRIVE CORAOPOLIS, PA 15108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,310.00
3.171	Nonpriority creditor's name and mailing address HAJOCA CORPORATION DBA ALL-TEX PIPE & SUPPLY DALLAS, TX 75391-1854 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110,227.83

Debtor **Legacy Measurement Solutions, Inc.**
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3.172	Nonpriority creditor's name and mailing address Hess Services Inc. PO Box 843 Hays, KS 67601-0843 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,772.75
3.173	Nonpriority creditor's name and mailing address HILLSDALE CONSTRUCTION & EXCAVATING CO. INC. HILLSDALE, PA 15746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,650.00
3.174	Nonpriority creditor's name and mailing address HILTI INC PO BOX 650756 DALLAS, TX 75265-0756 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,418.16
3.175	Nonpriority creditor's name and mailing address HOSE SPECIALTY & SUPPLY CO 301 MONTGOMERY STREET SHREVEPORT, LA 71107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105,243.64
3.176	Nonpriority creditor's name and mailing address HOUSTON OILFIELD EQUIPMENT INC HOUSTON, TX 77905 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,300.00
3.177	Nonpriority creditor's name and mailing address Hudson Energy PO Box 731137 Dallas, TX 75373-1137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,733.01
3.178	Nonpriority creditor's name and mailing address HUGG & HALL EQUIPMENT 7201 SCOTT HAMILTON LITTLE ROCK, AR 72209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,869.71

Debtor **Legacy Measurement Solutions, Inc.**
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3.179	Nonpriority creditor's name and mailing address HUGHES-PRIMEAU CONTROLS, INC 7670 FIRST PL OAKWOOD VILLAGE, OH 44146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,717.60
3.180	Nonpriority creditor's name and mailing address HURST METALLURGICAL RESEARCH LABORATORY INC EULESS, TX 76040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,995.00
3.181	Nonpriority creditor's name and mailing address HUTTON COMMUNICATIONS INC ATTN: ACCOUNTING CARROLLTON, TX 75006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$593.13
3.182	Nonpriority creditor's name and mailing address HYPERTHERM INC 21 GREAT HOLLOW ROAD HANOVER, NH 03755 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
3.183	Nonpriority creditor's name and mailing address HYTORC DIV UNEX CORP MAHWAH, NJ 07430 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,903.70
3.184	Nonpriority creditor's name and mailing address INDUSTRIAL PIPING SPECIALIST PO BOX 581270 TULSA, OK 74158 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$820,300.89
3.185	Nonpriority creditor's name and mailing address INDUSTRIAL SCREEN AND MAINTENANCE INC CASPER, WY 82602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,257.00

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3.186	Nonpriority creditor's name and mailing address INDUSTRIAL SUPPLY & SERVICE, LLC SHREVEPORT, LA 71137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,622.46
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3.187	Nonpriority creditor's name and mailing address INDUSTRIAL TUBE AND STEEL CO 4658 CRYSTAL PARKWAY KENT, OH 44240-8020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,189.44
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3.188	Nonpriority creditor's name and mailing address INFERNO MANUFACTURING CORP 115 RICOU ST SHREVEPORT, LA 71107-6933 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,170.35
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3.189	Nonpriority creditor's name and mailing address INGERSOLL RAND COMPANY INGERSOLL RAND SOLUTIONS DALLAS, TX 75211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,398.54
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3.190	Nonpriority creditor's name and mailing address JAY D ENTERPRISES P O BOX 253 E 1ST STREET WAYNESBURG, PA 15370 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139,150.00
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3.191	Nonpriority creditor's name and mailing address JAYCO INC PO BOX 20026 OKLAHOMA CITY, OK 73156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,308.73
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3.192	Nonpriority creditor's name and mailing address JET SPECIALTY 102 F ROTHROCK DRIVE LONGVIEW, TX 75602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,085.75
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3.193	Nonpriority creditor's name and mailing address JKLM ENERGY LLC 2200 Gorgetowne Drive #500 Sewickley, PA 15143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>advance payment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$209,878.50
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3.194	Nonpriority creditor's name and mailing address JKLM Energy LLC 2200 Georgetown Drive #500 Sewickley, PA 15143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>A/R net credit balance (current)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,219.00
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3.195	Nonpriority creditor's name and mailing address JOHN GRADY ABBOTT W & W SALES COMPANY BROKEN ARROW, OK 74012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,447.40
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3.196	Nonpriority creditor's name and mailing address JOHN H CARTER CO INC 17630 PERKINS RD BATON ROUGE, LA 70810 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,630.26
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3.197	Nonpriority creditor's name and mailing address JP STEEL LLC P O BOX 592 KATY, TX 77492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,585.96
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3.198	Nonpriority creditor's name and mailing address JUGENHEIMER INDUSTRIAL SUPPLIES INC HUBBARD, OH 44425 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,358.37
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3.199	Nonpriority creditor's name and mailing address K2CONTROLS INC 4420 FM 1960 W SUITE 116 HOUSTON, TX 77068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$820.00
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Debtor **Legacy Measurement Solutions, Inc.**
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3.200	Nonpriority creditor's name and mailing address KELLEY INSTRUMENT MACH INC PO BOX 5368 TEXARKANA, TX 75505-5368 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,507.49
3.201	Nonpriority creditor's name and mailing address KENCO ENGINEERING INC 10105 E 55TH PL (74146) TULSA, OK 74147-0426 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,314.61
3.202	Nonpriority creditor's name and mailing address KIMRAY OIL & GAS EQUIPMENT & CONTROLS OKLAHOMA CITY, OK 73154-0949 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95,281.62
3.203	Nonpriority creditor's name and mailing address KNICKERBOCKER RUSSELL CO INC 4759 CAMPBELLS RUN RD PITTSBURGH, PA 15205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,500.00
3.204	Nonpriority creditor's name and mailing address KOFLO CORPORATION 309 CARY POINT DR CARY, IL 60013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,185.20
3.205	Nonpriority creditor's name and mailing address KOONS & ASSOCIATES PO BOX 470161 TULSA, OK 74147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$672.00
3.206	Nonpriority creditor's name and mailing address KUDRON LAND AND DEVELOPMENT LLC PIEDMONT, OK 73078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,010.00

Debtor	Legacy Measurement Solutions, Inc. <small>Name</small>	Case number (if known)	19-32238
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3.207	Nonpriority creditor's name and mailing address LANCASTER SAGA HOLDINGS, LLC LANCASTER FLOW AUTOMATION HOUSTON, TX 77041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,244.68
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3.208	Nonpriority creditor's name and mailing address LEE SUPPLY INC 821 EAST INDEPENDENCE TULSA, OK 74109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,195.04
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3.209	Nonpriority creditor's name and mailing address Legacy Reserves Operating LP 303 West Wall Suite 1800 Midland, TX 79701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>A/R net credit balance (current)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
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3.210	Nonpriority creditor's name and mailing address LEGION WORX LLC 942 LEHMAN ST. HOUSTON, TX 77018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$214,476.95
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3.211	Nonpriority creditor's name and mailing address LEVEL (3) CENTURY LINK DENVER, CO 80291-0182 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$933.48
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3.212	Nonpriority creditor's name and mailing address LINKEDIN CORP 1000 W MAUDE AVE SUNNYVALE, CA 94085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,760.01
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3.213	Nonpriority creditor's name and mailing address LOCKE LORD LLP 2200 ROSS AVE STE 2200 DALLAS, TX 75201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$396,184.23
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Debtor **Legacy Measurement Solutions, Inc.**
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3.214	Nonpriority creditor's name and mailing address LOGIC PLUNGER LIFT, INC. 7265 Thatcher Ave. NW KENT, OH 44240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161,759.94
3.215	Nonpriority creditor's name and mailing address Lower Valley Energy PO Box 188 Afton, WY 83110-0188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.95
3.216	Nonpriority creditor's name and mailing address LUMINOUS SERVICES DBA: CLOUD COMMERCIAL SERV WHITE OAK, TX 75693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,473.54
3.217	Nonpriority creditor's name and mailing address LUNDVALL ENTERPRISES INC 15487 WCR 46 LA SALLE, CO 80645 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,200.00
3.218	Nonpriority creditor's name and mailing address M & M INSTRUMENTS LLC 5022 SYCAMORE AVE PASADENA, TX 77503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,087.44
3.219	Nonpriority creditor's name and mailing address M & P FLANGE & PIPE PROTECTION INC HOUSTON, TX 77055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,393.00
3.220	Nonpriority creditor's name and mailing address M5 INCORPORATED 200 N FALCON OKLAHOMA CITY, OK 73127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,598.20

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3.221	Nonpriority creditor's name and mailing address MAC-WELD MACHINING LTD. 1324 LOUGAR AVE SARNIA, ON 47S 5N7 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,251.60
3.222	Nonpriority creditor's name and mailing address MACH I ENERGY & CONSTRUCTION DBA SPECIALTY PRESSURING SER WATERFORD, OH 75786 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,786.00
3.223	Nonpriority creditor's name and mailing address MADURA STEEL SALES INC 2505 N HERMITAGE RD HERMITAGE, PA 16148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,506.43
3.224	Nonpriority creditor's name and mailing address MAKO PRODUCTS, LLC 5612 INDUSTRIAL BLVD EDMOND, OK 73034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,930.01
3.225	Nonpriority creditor's name and mailing address MANCHESTER TANK & EQUIPMENT CO FRANKLIN, TN 37067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,773.00
3.226	Nonpriority creditor's name and mailing address MARCO GRP INTERNATIONAL INC 3425 E LOCUST STREET DAVENPORT, IA 52803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,412.14
3.227	Nonpriority creditor's name and mailing address MARCO INSPECTION SERVICES 2322 MEADOWS LANE LONGVIEW, TX 75603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$186,601.25

Debtor **Legacy Measurement Solutions, Inc.**
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3.228	Nonpriority creditor's name and mailing address MASTER FLO VALVE USA INC 8726 FALLBROOK DR HOUSTON, TX 77064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71,359.00
3.229	Nonpriority creditor's name and mailing address MATHESON TRI-GAS INC PO BOX 123028 DALLAS, TX 75312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,391.42
3.230	Nonpriority creditor's name and mailing address MCADOOS INC 1225 ROUTE 40 WEST CLAYSVILLE, PA 15323 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,157.50
3.231	Nonpriority creditor's name and mailing address MCAFFEE MACHINE INC PO BOX 69038 ODESSA, TX 79769-9038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,361.05
3.232	Nonpriority creditor's name and mailing address MCELROY METAL MILL INC DBA MCELROY METAL INC SHREVEPORT, LA 71163-1158 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,788.05
3.233	Nonpriority creditor's name and mailing address MCLOONE METAL GRAPHICS PO BOX 1117 LA CROSSE, WI 54602-1117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,595.04
3.234	Nonpriority creditor's name and mailing address McMASTER-CARR SUPPLY CO PO BOX 7690 CHICAGO, IL 60680-4355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,477.24

Debtor **Legacy Measurement Solutions, Inc.**
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3.235	Nonpriority creditor's name and mailing address MCTV PO BOX 1000 MASSILLON, OH 44648 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$362.00
3.236	Nonpriority creditor's name and mailing address MERCER VALVE CO INC 9609 NW 4TH (73127) OKLAHOMA CITY, OK 73123-2487 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116,314.84
3.237	Nonpriority creditor's name and mailing address MERLA LLC 51 ESPLANADE BLVD HOUSTON, TX 77060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,931.80
3.238	Nonpriority creditor's name and mailing address MESA INC 291 W. STEUBEN STREET PITTSBURGH, PA 15205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,630.00
3.239	Nonpriority creditor's name and mailing address METALS USA PLATES & SHAPES SOUTHCENTRAL INC MUSKOGEE, OK 74403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,988.20
3.240	Nonpriority creditor's name and mailing address METROPOLITAN TELECOM INC METTEL NEW YORK, NY 10266-1056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,121.78
3.241	Nonpriority creditor's name and mailing address MICRO MOTION INC 7070 WINCHESTER CIRCLE BOULDER, CO 80301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$158,744.18

Debtor **Legacy Measurement Solutions, Inc.**
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3.242	Nonpriority creditor's name and mailing address MID-SOUTH METALS 637 MONTGOMERY STREET SHREVEPORT, LA 71107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,786.95
3.243	Nonpriority creditor's name and mailing address MIDFLOW SERVICES LLC 812 S. WASHINGTON STREET MILLERSBURG, OH 44654 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,733.52
3.244	Nonpriority creditor's name and mailing address MOODY-PRICE LLC DEPARTMENT NO 232 HOUSTON, TX 77210-4869 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,414.36
3.245	Nonpriority creditor's name and mailing address MOTION INDUSTRIES INC 2201 S EASTMAN RD (75602) LONGVIEW, TX 75607-7428 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,199.68
3.246	Nonpriority creditor's name and mailing address MOTION INDUSTRIES INC 5885 STAPLETON DR N #C312 DENVER, CO 80216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.32
3.247	Nonpriority creditor's name and mailing address MPI WAREHOUSE SPECIALTY CO PO BOX 940 CASPER, WY 82602-0940 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$928.40
3.248	Nonpriority creditor's name and mailing address N.T. RUDDOCK CO P O BOX 951199 CLEVELAND, OH 44193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,536.30

Debtor Name	Case number (if known)	19-32238
3.249 Nonpriority creditor's name and mailing address NAMASCO CORPORATION DBA KLOECKNER METALS SHREVEPORT, LA 71148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,224.70
3.250 Nonpriority creditor's name and mailing address NATIONAL OILWELL VARCO L P 10000 RICHMOND AVE STE 100 HOUSTON, TX 77042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82,250.00
3.251 Nonpriority creditor's name and mailing address NATIONAL TUBE SUPPLY CO. 925 CENTRAL AVE. UNIVERSITY PARK, IL 60484 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$249,094.36
3.252 Nonpriority creditor's name and mailing address NETRMA PROCESSING PO BOX 16777 AUSTIN, TX 78761 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.17
3.253 Nonpriority creditor's name and mailing address New Century Financial, Inc. c/o Richard I. Judge Parkwood One 10077 Grogan's Mill #540 Spring, TX 77380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.254 Nonpriority creditor's name and mailing address NEW MEXICO TAXATION & REV CORPORATE INCOME & FRANCHISE SANTA FE, NM 87504-5127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,525.01
3.255 Nonpriority creditor's name and mailing address NICK STRIMBU INC 3500 PKWY RD BROOKFIELD, OH 44403-0268 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,960.20

Debtor	Legacy Measurement Solutions, Inc. Name	Case number (if known)	19-32238
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3.256	Nonpriority creditor's name and mailing address NJ MALIN & ASSOCIATES LLC PO BOX 843860 DALLAS, TX 75284-3860 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,296.05
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3.257	Nonpriority creditor's name and mailing address NORSE TECHNOLOGIES INC PO BOX 470548 FORT WORTH, TX 76147-0548 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$969.56
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3.258	Nonpriority creditor's name and mailing address Northeast Natural Energy 707 Virginia Street East Suite 1200 Charleston, WV 25301-2702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>advance payment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$594,182.31
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3.259	Nonpriority creditor's name and mailing address Northeast Natural Energy LLC 707 Virginia Street E. Suite 1200 Charleston, WV 25301-2702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>A/R net credit balance (current)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,789.14
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3.260	Nonpriority creditor's name and mailing address NORTHRUP EQUIPMENT CO. 595 FIFTH STREET PARKERSBURG, WV 26101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$673.05
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3.261	Nonpriority creditor's name and mailing address ODESSA PUMPS & EQUIPMENT PO BOX 60429 MIDLAND, TX 79711-0429 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,398.63
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3.262	Nonpriority creditor's name and mailing address OEO ENERGY SOLUTIONS 143 E. MAIN STREET LAKE ZURICH, IL 60047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,320.00
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Debtor	Legacy Measurement Solutions, Inc. Name	Case number (if known)	19-32238
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3.263	Nonpriority creditor's name and mailing address OGLETREE DEAKINS NASH SMOAK & STEWART PC COLUMBIA, SC 29202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,744.75
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3.264	Nonpriority creditor's name and mailing address OHIO BLASTING EQUIPMENT & MEDIA INC AKRON, OH 44301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,144.36
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3.265	Nonpriority creditor's name and mailing address Ohio Department of Taxation PO Box 182215 Columbus, OH 43218-2215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>(\$62,398.25)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.266	Nonpriority creditor's name and mailing address Ohio Edison PO Box 3687 Akron, OH 44309-3687 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,197.88
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3.267	Nonpriority creditor's name and mailing address OHIO TRANSMISSION CORPORATIO PO BOX 73278 COLUMBUS, OH 44193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,977.42
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3.268	Nonpriority creditor's name and mailing address Ohio Valley Waste Service PO Box 432 Mars, PA 16046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,459.94
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3.269	Nonpriority creditor's name and mailing address OKLAHOMA RUBBER & GASKET CO PO BOX 3284 TULSA, OK 74101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,235.32
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Debtor **Legacy Measurement Solutions, Inc.**
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3.270	Nonpriority creditor's name and mailing address OKLAHOMA TAX COMMISSION BUSINESS TAX DIVISION (SALES OKLAHOMA CITY, OK 73126-0850 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,022.63
3.271	Nonpriority creditor's name and mailing address OLD DOMINION FREIGHT LN INC PO BOX 60908 CHARLOTTE, TX 28260-0908 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$280.36
3.272	Nonpriority creditor's name and mailing address ONECIS INSURANCE COMPANY PO BOX 277908 ATLANTA, GA 30384-7908 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,661.20
3.273	Nonpriority creditor's name and mailing address OPECO INC 601 SE 30TH STREET OKLAHOMA CITY, OK 73129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,071.53
3.274	Nonpriority creditor's name and mailing address OPENTEXT INC. 2950 SOUTH DELAWARE ST. SAN MATEO, CA 94403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.71
3.275	Nonpriority creditor's name and mailing address ORION ICS, LLC ORION TALENT CARY, NC 27518 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,000.00
3.276	Nonpriority creditor's name and mailing address Overhead Door Co. of Tyler 2000 Anthony Drive Tyler, TX 75701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor **Legacy Measurement Solutions, Inc.**
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3.277	Nonpriority creditor's name and mailing address P & M PARKWAY ASSOCIATES,LLC 1625 DUTCH LANE HERMITAGE, PA 16148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,002.10
3.278	Nonpriority creditor's name and mailing address PA TURNPIKE TOLL BY PLATE P.O. BOX 645631 PITTSBURGH, PA 15264-5254 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.50
3.279	Nonpriority creditor's name and mailing address Paramount Preferred Sol Inc dba Procomp Toledo, OH 43617 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.00
3.280	Nonpriority creditor's name and mailing address PARKER HANNIFIN CANADA DBA PHOENIX PRECISION LTD CLEVELAND, OH 44124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,692.19
3.281	Nonpriority creditor's name and mailing address PARKER HANNIFIN CORP DBA PARKER TEXAS THERMOWELL HOUSTON, TX 77041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,899.47
3.282	Nonpriority creditor's name and mailing address PARKWOOD HOLDINGS LTD 17314 SH 249 SUITE 115 HOUSTON, TX 77064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,546.00
3.283	Nonpriority creditor's name and mailing address PAT K HELGESON 13810 EMBER RD RAPID CITY, SD 57702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,025.00

Debtor **Legacy Measurement Solutions, Inc.**
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3.284	Nonpriority creditor's name and mailing address PDQ LOGISTICS LLC 1970 WILLOW LAKE DR WHITE OAK, TX 75693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,115.00
3.285	Nonpriority creditor's name and mailing address PENNSYLVANIA DEPT OF REVENUE PO BOX 280423 HARRISBURG, PA 17128-0423 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,699.99
3.286	Nonpriority creditor's name and mailing address PENNSYLVANIA TOOL SALES & SERVICE INC YOUNGSTOWN, OH 44512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,292.36
3.287	Nonpriority creditor's name and mailing address PETROLEUM SQUARE LLC 330 MARSHALL ST STE 200 SHREVEPORT, LA 71101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,667.20
3.288	Nonpriority creditor's name and mailing address PHOENIX FORGING CO INC 800 FRONT ST CATASAUQUA, PA 01803-2343 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.289	Nonpriority creditor's name and mailing address PILLAR INNOVATIONS, LLC 92 CORPORATE DR. GRANTSVILLE, MD 21536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,773.10
3.290	Nonpriority creditor's name and mailing address PINE ENVIRONMENTAL SERVICES 8413 STERLING STREET IRVING, TX 75063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,416.00

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3.291	Nonpriority creditor's name and mailing address PIONEER GASKET COMPANY PO BOX 968 ROCK SPRINGS, WY 82902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,327.85
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3.292	Nonpriority creditor's name and mailing address PIPER VALVE SYSTEM LTD CO 1020 E GRAND BLVD OKLAHOMA CITY, OK 73129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,651.20
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3.293	Nonpriority creditor's name and mailing address PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC PITTSBURGH, PA 15250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,162.17
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3.294	Nonpriority creditor's name and mailing address PORTERSVILLE PRD LLC 2680 NEW BUTLER ROAD NEW CASTLE, PA 16101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,132.00
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3.295	Nonpriority creditor's name and mailing address POWER CONTROLS INCORPORATED 1205 W CENTER AVE DENVER, CO 80223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,982.37
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3.296	Nonpriority creditor's name and mailing address POWER SERVICE INC 5625 CHAPMAN PLACE CASPER, WY 82602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,606.59
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3.297	Nonpriority creditor's name and mailing address POWER TOOL & SUPPLY CO INC 3699 LEHARPS ROAD YOUNGSTOWN, OH 44515 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,205.05
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Debtor **Legacy Measurement Solutions, Inc.**
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3.298	Nonpriority creditor's name and mailing address PR NEWSWIRE ASSOC LLC GPO BOX 5897 NEW YORK, NY 10087-5897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
3.299	Nonpriority creditor's name and mailing address PRECISE THERMAL LLC PO BOX 470924 CHARLOTTE, NC 28247 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,720.00
3.300	Nonpriority creditor's name and mailing address PRECISION FITTING & GAUGE CO DEPT 3653 TULSA, OK 74182 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,774.53
3.301	Nonpriority creditor's name and mailing address PRECISION PUMP AND VALVE LLC 406 WESLEY RD LAKE CHARLES, LA 70615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$834.80
3.302	Nonpriority creditor's name and mailing address PREFERRED ON-SITE FLEET SERVICES OF TEXAS LLC TYLER, TX 75708 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,479.33
3.303	Nonpriority creditor's name and mailing address PRESCOR INC 8901 NEW SAPULPA RD (74131) TULSA, OK 74157-0856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,230.00
3.304	Nonpriority creditor's name and mailing address PRESTIGE VALVE & SUPPLY LLC 2317 FIELD ST. UNIT R ODESSA, TX 79761 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,126.72

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3.305	Nonpriority creditor's name and mailing address PRIDE OF THE HILLS MF OF WOOSTER, LLC ORRVILLE, OH 44667 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,023.78
3.306	Nonpriority creditor's name and mailing address Pro Energy Solutions PO Box 46019 Houston, TX 77210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: (\$55.94) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.307	Nonpriority creditor's name and mailing address PROFIRE ENERGY INC 321 S 1250 W LINDON, UT 84042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98,150.03
3.308	Nonpriority creditor's name and mailing address PROVEN REALTY 3009 31ST AVE W WILLISTON, ND 58801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,200.00
3.309	Nonpriority creditor's name and mailing address PUFFER-SWEIVEN LP PO BOX 301124 DALLAS, TX 75303-1124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,457.74
3.310	Nonpriority creditor's name and mailing address QAD INC 10000 MIDATLANTIC ST 100 MT LAUREL, NJ 08054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,775.55
3.311	Nonpriority creditor's name and mailing address QUALCAL METROLOGY SERVICES 5860 PARK VISTA CIRCLE FORT WORTH, TX 76244 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,640.00

Debtor **Legacy Measurement Solutions, Inc.**
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3.312	Nonpriority creditor's name and mailing address R & L CARRIERS PO BOX 713153 COLUMBUS, OH 43271-3153 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,112.71
3.313	Nonpriority creditor's name and mailing address R J MACHINE 130 NORTH RIDGE ROAD MARBLE FALLS, TX 78654 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$865.50
3.314	Nonpriority creditor's name and mailing address R.L. WINFIELD, LLC 3874 RIDGE ROAD, NE CORTLAND, OH 44410 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,431.00
3.315	Nonpriority creditor's name and mailing address RAE SYSTEMS INC by honeywell PO BOX 740532 LOS ANGELES, CA 90074-0532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,118.00
3.316	Nonpriority creditor's name and mailing address RANDSTAD NORTH AMERICA INC PO BOX 7247-6655 PHILADELPHIA, PA 17190-6655 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,188.62
3.317	Nonpriority creditor's name and mailing address RANGE RESOURCES LLC 100 Throckmorton Street Suite 1200 Fort Worth, TX 76102-2842 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>advance payment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,494,243.68
3.318	Nonpriority creditor's name and mailing address Ranger Field Services PO Box 7148 Granbury, TX 76049 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$999.63

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3.319	Nonpriority creditor's name and mailing address Regency Marcellus Gas PO Box 132400 Dallas, TX 75313 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,590.31
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3.320	Nonpriority creditor's name and mailing address Rice Drilling B 2200 Rice Drive Canonsburg, PA 15317-9554 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,547.01
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3.321	Nonpriority creditor's name and mailing address ROBERT HALF INTERNATIONAL DBA ACCOUNTEMP ENGLEWOOD, CO 80111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$543.19
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3.322	Nonpriority creditor's name and mailing address ROC SERVICE COMPANY LLC 191 ENERGY WAY BRIDGEPORT, TX 76426 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,869.00
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3.323	Nonpriority creditor's name and mailing address ROCKY MOUNTAIN OILFIELD WAREHOUSE INC CASPER, WY 82601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,074.31
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3.324	Nonpriority creditor's name and mailing address ROEMER INDUSTRIES 1555 MASURY ROAD MASURY, OH 44438 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,371.60
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3.325	Nonpriority creditor's name and mailing address ROSEMOUNT INC 8200 MARKET BLVD CHANHASSEN, MN 55317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112,131.61
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Debtor	Legacy Measurement Solutions, Inc. <small>Name</small>	Case number (if known)	19-32238
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3.326	Nonpriority creditor's name and mailing address ROTRONIC INSTRUMENT CORP 135 ENGINEERS ROAD HAPPAUGE, NY 11788 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,675.00
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3.327	Nonpriority creditor's name and mailing address RUELCO INC 1209 DISTRIBUTORS ROW NEW ORELANS, LA 70123-2213 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,806.00
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3.328	Nonpriority creditor's name and mailing address Sabine Oil & Gas LLC 1415 Louisiana Suite 1600 Houston, TX 77002-7490 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$527.88
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3.329	Nonpriority creditor's name and mailing address SAIA MOTOR FREIGHT PO BOX A STATION 1 HOUMA, LA 70363 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,653.50
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3.330	Nonpriority creditor's name and mailing address SALEM WELDING AND SUPPLY CO 475 PROSPECT STREET SALEM, OH 44460 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$259,615.00
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3.331	Nonpriority creditor's name and mailing address SBIBC LLC PO Box 268 Leavittsburg, OH 44430-0268 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,605.00
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3.332	Nonpriority creditor's name and mailing address SCOT INDUSTRIES INC PO BOX 910018 DALLAS, TX 75391 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149,659.22
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3.333	Nonpriority creditor's name and mailing address SCS Signal Holdings LLC PO Box 460109 Houston, TX 77056-8109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,511.00
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3.334	Nonpriority creditor's name and mailing address SEECO Inc. PO Box 672625 Houston, TX 77267-2625 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,094.00
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3.335	Nonpriority creditor's name and mailing address SERVICE STEEL AND PIPE INC PO BOX 7961 SHREVEPORT, LA 71137-7961 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94,189.22
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3.336	Nonpriority creditor's name and mailing address SETEX PRODUCTS LLC PO BOX 800087 KANSAS CITY, MO 64106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,171.66
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3.337	Nonpriority creditor's name and mailing address SHARP ELECTRONICS CORP. DBA SHARP BUSINESS SYSTEMS DALLAS, TX 75312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,065.83
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3.338	Nonpriority creditor's name and mailing address SHERWIN WILLIAMS COMPANY 10740 BROADWAY AVE STE A GARFIELD HEIGHTS, OH 44125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,903.86
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3.339	Nonpriority creditor's name and mailing address SHOPPAS MATERIAL HANDLING LTD FORT WORTH, TX 76155 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,255.13
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Debtor	Legacy Measurement Solutions, Inc. Name	Case number (if known)	19-32238
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3.340	Nonpriority creditor's name and mailing address SHREVEPORT RUBBER&GASKET CO PO BOX 65115 SHREVEPORT, LA 71136-5115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$789.42
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3.341	Nonpriority creditor's name and mailing address SID TOOL CO INC DBA MSC INDUSTRIAL SUPPLY CO MELVILLE, NY 11747-3151 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$765.53
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3.342	Nonpriority creditor's name and mailing address Skillpath Seminars PO Box 2768 Mission, KS 66201-2768 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$498.52
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3.343	Nonpriority creditor's name and mailing address SNELLING-DALLAS 4055 VALLEY VIEW LANE DALLAS, TX 75244 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,400.00
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3.344	Nonpriority creditor's name and mailing address SNELLING: HOUSTON 15340 VANTAGE PARKWAY EAST HOUSTON, TX 77032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,900.00
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3.345	Nonpriority creditor's name and mailing address SNELLING: TYLER 1225 WSW LOOP 323 TYLER, TX 75701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,674.38
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3.346	Nonpriority creditor's name and mailing address SOUTH TEXAS SPECIALTY WELDERS, LLC PASADENA, TX 77502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123,019.88
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Debtor	Legacy Measurement Solutions, Inc. <small>Name</small>	Case number (if known)	19-32238
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3.347	Nonpriority creditor's name and mailing address SOUTHERN UTILITIES CO INC 218 N BROADWAY TYLER, TX 75702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$543.06
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3.348	Nonpriority creditor's name and mailing address Southwestern Energy Production PO Box 672625 Houston, TX 77267-2625 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>A/R net credit balance (current)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.349	Nonpriority creditor's name and mailing address SPARTA STEEL & EQUIPMENT COR 9875 CHESTNUT AVE SE EAST SPARTA, OH 44626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146,096.79
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3.350	Nonpriority creditor's name and mailing address SPECIALTY WELDING AND TURNAROUNDS, LLC GONZALES, LA 70737 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,472.05
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3.351	Nonpriority creditor's name and mailing address SPUR MACHINE WORKS INC 3182 SPUR 124 TYLER, TX 75707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,530.00
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3.352	Nonpriority creditor's name and mailing address STAPLES CONTRACT & COMMERCIAL INC DBA FRAMINGHAM, MA 01702-4478 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,773.93
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3.353	Nonpriority creditor's name and mailing address STARR MANUFACTURING INC 4175 WARREN SHARON RD VIENNA, OH 44473 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,225.00
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Debtor **Legacy Measurement Solutions, Inc.**
NameCase number (if known) **19-32238**

3.354	Nonpriority creditor's name and mailing address STREAMLINE PRODUCTION SYSTEM 1447 HWY 69 S KOUNTZE, TX 77625-6957 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$644.10
3.355	Nonpriority creditor's name and mailing address Stuart 10077 Grogans Mill Road Suite 200 The Woodlands, TX 77380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>advance payment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$462,077.04
3.356	Nonpriority creditor's name and mailing address STUART PETROLEUM TESTERS INC DBA STUART PRESSURE CONTROL THE WOODLANDS, TX 77380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105,138.92
3.357	Nonpriority creditor's name and mailing address SULZER CHEMTECH USA PO BOX 700480 TULSA, OK 74170-0480 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,700.00
3.358	Nonpriority creditor's name and mailing address SUMMERS GROUP INC DBA DBA REXEL LONGVIEW, TX 75604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,520.11
3.359	Nonpriority creditor's name and mailing address SUMMIT ELECTRIC INC PO BOX 848345 DALLAS, TX 75284-8345 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,652.39
3.360	Nonpriority creditor's name and mailing address SUNGARD AVAILABILITY SERV 91233 COLLECTION CENTER DR CHICAGO, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,461.98

Debtor	Legacy Measurement Solutions, Inc. <small>Name</small>	Case number (if known)	19-32238
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3.361	Nonpriority creditor's name and mailing address SUNNEN PRODUCTS COMPANY PO BOX 775304 CHICAGO, IL 60677 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,266.70
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3.362	Nonpriority creditor's name and mailing address SYSTEM ONE HOLDINGS, LLC P O BOX 644722 PITTSBURG, PA 15264-4722 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$163,104.08
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3.363	Nonpriority creditor's name and mailing address Tarpon Energy Services 1400 Woodloch Forest Drive #410 The Woodlands, TX 77380 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$546.10
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3.364	Nonpriority creditor's name and mailing address TAYLOR VALVE TECHNOLOGY INC 8300 SW 8TH ST OKLAHOMA CITY, OK 73128 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94,499.72
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3.365	Nonpriority creditor's name and mailing address TCB AUTOMATION, LLC 601 W 15TH ST DOVER, OH 44622 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128,240.45
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3.366	Nonpriority creditor's name and mailing address TEAM INDUSTRIAL SERVICES INC 12204 E ADMIRAL PL TULSA, OK 74116 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,255.81
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3.367	Nonpriority creditor's name and mailing address TELADOC INC PO BOX 123417 DEPT 3417 DALLAS, TX 75312 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$461.29
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Debtor **Legacy Measurement Solutions, Inc.**
NameCase number (if known) **19-32238**

3.368	Nonpriority creditor's name and mailing address TELADOC PHYSICIANS PA PO BOX 123297 DALLAS, TX 75312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
3.369	Nonpriority creditor's name and mailing address TEXAS CUSTOM COATERS 9468 INTERSTATE DRIVE NAVASOTA, TX 77868 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,826.10
3.370	Nonpriority creditor's name and mailing address TEXAS FLANGE & FITTING SUPPLY INC PEARLAND, TX 77588 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,795.28
3.371	Nonpriority creditor's name and mailing address Texas Gas Transmission LLC PO Box 20008 Owensboro, KY 42304-0008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225.00
3.372	Nonpriority creditor's name and mailing address TEXAS PIPING PRODUCTS LLC 13903 HUFFMEISTER ROAD CYPRESS, TX 77429 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,892.62
3.373	Nonpriority creditor's name and mailing address TEXAS STATE COMPTROLLER 111 E 17TH STREET AUSTIN, TX 78774-0100 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,984.77
3.374	Nonpriority creditor's name and mailing address TEXAS VALVE & FITTING CO LLC 440A EASTMAN ROAD LONGVIEW, TX 75601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,022.00

Debtor **Legacy Measurement Solutions, Inc.**
NameCase number (if known) **19-32238**

3.375	Nonpriority creditor's name and mailing address THE FASTENAL CO INC 420 N EASTMAN ROAD LONGVIEW, TX 75601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,626.03
3.376	Nonpriority creditor's name and mailing address THE FURY GROUP 710 N POST OAK RD HOUSTON, TX 77024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,150.00
3.377	Nonpriority creditor's name and mailing address THE GAUGE HOUSE LLC PO BOX 80426 LAFAYETTE, LA 70598-0426 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,738.80
3.378	Nonpriority creditor's name and mailing address THE REYNOLDS COMPANY PO BOX 205653 DALLAS, TX 75320-5653 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.85
3.379	Nonpriority creditor's name and mailing address THE SHERWIN WILLIAMS COMPANY 305 S BECKHAM AVENUE TYLER, TX 75702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,741.81
3.380	Nonpriority creditor's name and mailing address THE WAGGONERS TRUCKING PO BOX 301420 DALLAS, TX 75303-1420 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,083.24
3.381	Nonpriority creditor's name and mailing address THERMO PROCESS INSTRUMENTS L P FRANKLIN, MA 02038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300,378.04

Debtor	Legacy Measurement Solutions, Inc. <small>Name</small>	Case number (if known)	19-32238
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3.382	Nonpriority creditor's name and mailing address TMCO INC P O BOX 40 SIMONTON, TX 77476 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,491.47
3.383	Nonpriority creditor's name and mailing address TMS DELIVER INC P O BOX 131060 TYLER, TX 75713 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,315.20
3.384	Nonpriority creditor's name and mailing address TNT CRANES AND RIGGING INC. 925 SOUTH LOOP WEST HOUSTON, TX 77054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,488.90
3.385	Nonpriority creditor's name and mailing address TOTAL QUALITY LOGISTICS LLC 1701 EDISON DR MILFORD, OH 45150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,700.00
3.386	Nonpriority creditor's name and mailing address TOYOTA INDUSTRIES COMMERCIAL P O Box 660926 DALLAS, TX 75155-0926 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,238.88
3.387	Nonpriority creditor's name and mailing address TRELOAR INC DBA AQUA CHILL GULF COAST HOUSTON, TX 77054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$182.85
3.388	Nonpriority creditor's name and mailing address TRI TOOL INC 3041 SUNRISE BLVD RANCHO CORDOVA, CA 95742 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$889.00

Debtor	Legacy Measurement Solutions, Inc. Name	Case number (if known)	19-32238
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3.389	Nonpriority creditor's name and mailing address TRINITY HEADS INC 11765 HIGHWAY 6 NAVASOTA, TX 77868-5070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,484.00
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3.390	Nonpriority creditor's name and mailing address TSC LOGISTICS 111 FOUNDERS DRIVE BATON ROUGE, LA 70810 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,400.00
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3.391	Nonpriority creditor's name and mailing address TXU ENERGY PO BOX 650638 DALLAS, TX 75265-0638 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,402.08
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3.392	Nonpriority creditor's name and mailing address TYLER INDUSTRIAL SUPPLY CO PO BOX 120267 TYLER, TX 75712 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113,194.75
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3.393	Nonpriority creditor's name and mailing address TYLER WELDERS SUPPLY INC PO BOX 2040 TYLER, TX 75710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,912.99
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3.394	Nonpriority creditor's name and mailing address ULINE SHIPPING SUPPLY SPECIALISTS WAUKEGAN, IL 60085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,322.59
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3.395	Nonpriority creditor's name and mailing address UNI-FORM COMPONENTS COMPANY 10703 SHELDON ROAD HOUSTON, TX 77044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$192,316.00
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Debtor	Legacy Measurement Solutions, Inc. <small>Name</small>	Case number (if known)	19-32238
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3.396	Nonpriority creditor's name and mailing address UNIFIRST CORPORATION 18999 PARK AVE PLAZA MEADVILLE, PA 16335 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,783.21
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3.397	Nonpriority creditor's name and mailing address UNITED RENTALS (NORTH AMERICA) INC SHREVEPORT, LA 71103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,630.73
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3.398	Nonpriority creditor's name and mailing address UNITED WELLHEAD SERVICES INC DBA T-3 ENERGY SERVICES WELL HOUSTON, TX 77054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,637.50
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3.399	Nonpriority creditor's name and mailing address UNUM LIFE INSURANCE CO OF AMERICA ATLANTA, GA 30384-6834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,538.72
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3.400	Nonpriority creditor's name and mailing address UPS LOCKBOX 577 CAROL STREAM, IL 60132-0577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$539.72
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3.401	Nonpriority creditor's name and mailing address UPS PO BOX 7247-0244 PHILADELPHIA, PA 19170-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,657.45
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3.402	Nonpriority creditor's name and mailing address UPS LOCKBOX 577 CAROL STREAM, IL 60132-0577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$557.36
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Debtor	Legacy Measurement Solutions, Inc. <small>Name</small>	Case number (if known)	19-32238
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3.403	Nonpriority creditor's name and mailing address UPS FREIGHT P O BOX 650690 DALLAS, TX 75265-0690 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,436.18
3.404	Nonpriority creditor's name and mailing address UPS Ground Freight dba UPS Freight Richmond, VA 23224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,329.44
3.405	Nonpriority creditor's name and mailing address US SAFETYGEAR INC PO BOX 309 LEAVITTSBURG, OH 44430 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,842.44
3.406	Nonpriority creditor's name and mailing address VALLEY INDUSTRIAL TRUCKS 1152 MEADOWBROOK AVE YOUNGSTOWN, OH 44512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,420.00
3.407	Nonpriority creditor's name and mailing address VALTRONICS INC 43 RITMORE DRIVE RAVENSWOOD, WV 26164 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,300.00
3.408	Nonpriority creditor's name and mailing address VECTOR CONTROLS LLC PO BOX 732145 DALLAS, TX 75373-2145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,851.25
3.409	Nonpriority creditor's name and mailing address Vectren Energy Delivery PO Box 209 Evansville, IN 47700-0209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>customer credit balances (old)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,075.45

Debtor	Legacy Measurement Solutions, Inc. Name	Case number (if known)	19-32238
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3.410	Nonpriority creditor's name and mailing address Veolia North America Inc 53 State Street 14th Floor Boston, MA 02109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,083.87
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3.411	Nonpriority creditor's name and mailing address Verizon PO Box 660108 Dallas, TX 75266-0108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$658.11
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3.412	Nonpriority creditor's name and mailing address VINSON PROCESS CONTROLS PO BOX 671389 DALLAS, TX 75267-1389 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,319.97
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3.413	Nonpriority creditor's name and mailing address W D NORTON INC DBA OVERHEAD DOOR COMPANY OF TYLER, TX 75701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,200.00
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3.414	Nonpriority creditor's name and mailing address W W GRAINGER INC DBA GRAINGER LONGVIEW, TX 75606-3524 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67,394.88
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3.415	Nonpriority creditor's name and mailing address WEAMCO INC DBA WEAMCOMETRIC SAPULPA, OK 74066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,093.49
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3.416	Nonpriority creditor's name and mailing address WEBB INDUSTRIES DBA WEBB CORPORATION WEBB CITY, MO 64870 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,868.03
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Debtor	Legacy Measurement Solutions, Inc. Name	Case number (if known)	19-32238
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3.417	Nonpriority creditor's name and mailing address WELD WORX LLC 3220 FM 2767 TYLER, TX 75708 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,376.45
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3.418	Nonpriority creditor's name and mailing address WELKER INC PO BOX 138 SUGAR LAND, TX 77487-0138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,524.06
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3.419	Nonpriority creditor's name and mailing address WELLMARK COMPANY P O BOX 732733 DALLAS, TX 75373-2733 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96,381.95
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3.420	Nonpriority creditor's name and mailing address WELLS FARGO FINANCIAL LEASIN P O BOX 10306 DES MOINES, IA 50306-0306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,125.55
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3.421	Nonpriority creditor's name and mailing address WHITE DEER MANAGEMENT LLC 700 LOUISIANA ST STE 4770 HOUSTON, TX 77002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,881.79
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3.422	Nonpriority creditor's name and mailing address WHOLESALE ELECTRIC SUPPLY CO INC TEXARKANA, TX 75501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,053.35
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3.423	Nonpriority creditor's name and mailing address WIKA INSTRUMENT CORPORATION 1000 WIELAND BLVD LAWRENCEVILLE, GA 30043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,123.37
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Debtor **Legacy Measurement Solutions, Inc.**
NameCase number (if known) **19-32238**

3.424	Nonpriority creditor's name and mailing address William Wesley Carnes Sr. c/o John L. Slejk 526 Moosic Street, 2nd Floor Scranton, PA 18505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.425	Nonpriority creditor's name and mailing address WKBN PO BOX 403911 ATLANTA, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
3.426	Nonpriority creditor's name and mailing address WOLSELEY INDUSTRIAL GROUP IN ATTN FEI2735 DALLAS, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$267,785.04
3.427	Nonpriority creditor's name and mailing address Work Wear Safety Shoes 6318 Airport Freeway Haltom City, TX 76117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: (\$334.17) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.428	Nonpriority creditor's name and mailing address Wyoming Dept of Revenue Dept of Revenue Herschler Building Cheyenne, WY 82002-0110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,262.78
3.429	Nonpriority creditor's name and mailing address YOUNGS VENDING 200 SNYDER ROAD HERMITAGE, PA 16148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,559.50
3.430	Nonpriority creditor's name and mailing address ZMAC TRANSPORTAION SOLUTIONS LLC RACINE, WI 53403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,579.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **Legacy Measurement Solutions, Inc.**
NameCase number (if known) **19-32238**

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Glenn D. Phillips 1003 Stone Rd. Kilgore, TX 75662	Line 3.227 <input type="checkbox"/> Not listed. Explain _____	—
4.2	Jay R. Carson Wegman, Hessler & Vanderburg 6055 Rockside Woods Blvd., Ste 200 Independence, OH 44131	Line 3.18 <input type="checkbox"/> Not listed. Explain _____	—
4.3	Peter C. Kratcoski Williams, Kratcoski & Can, LLC Eleven South River St., Ste. A Kent, OH 44240	Line 3.214 <input type="checkbox"/> Not listed. Explain _____	—
4.4	Philip A. Hewes Fitzgerald, Franke & Hewes, LLP 53 West Jackson Blvd., Ste. 838 Chicago, IL 60604	Line 3.153 <input type="checkbox"/> Not listed. Explain _____	—
4.5	Raymond A. Neuer 2500 Two Houston Center 909 Fannin Street Houston, TX 77010	Line 3.395 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 225,103.01
5b. +	\$ 17,211,961.38
5c.	\$ 17,437,064.39

Fill in this information to identify the case:Debtor name **Legacy Measurement Solutions, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**Case number (if known) **19-32238**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

Real estate lease at 8521 FM 850 (75705), Tyler, TX

State the term remaining

06/04/28

List the contract number of any government contract

**213 Investments
PO Box 2528
Longview, TX 75606**

2.2. State what the contract or lease is for and the nature of the debtor's interest

Real estate lease at 116 East Liberty St., 2nd Floor, Wooster, OH

State the term remaining

05/31/20

List the contract number of any government contract

**ABM Investments
1099 W. Milltown
Wooster, OH 44691**

2.3. State what the contract or lease is for and the nature of the debtor's interest

Real estate lease at 16415 Addison Road, Suite 800, Addison, TX

State the term remaining

04/30/19

List the contract number of any government contract

**Addison Tower Investments
12600 Northborough
Suite 280
Houston, TX 77067**

2.4. State what the contract or lease is for and the nature of the debtor's interest

Various printer/copiers x4 (detailed list can be provided)

State the term remaining

List the contract number of any government contract

De Lage Landen Financial

Debtor 1 **Legacy Measurement Solutions, Inc.**
 First Name Middle Name Last Name

Case number (if known) **19-32238**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Water dispenser**

State the term remaining

List the contract number of any government contract

**DS Waters of America
 dba Kentwood Springs
 PO Box 660579
 Dallas, TX 75266**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Various copier/printers x25 (detailed list can be provided)**

State the term remaining

List the contract number of any government contract

**FPR Holdings LP
 8221 Tristar Drive
 Irving, TX 75063**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Real estate lease at 14330 Evans Road, Okarche, OK**

State the term remaining **11/30/21**

List the contract number of any government contract

**Kudron Land & Development
 Piedmont, OK 73078**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Real estate lease at 4331 Brantner Road, DCP Yard, Colorado**

State the term remaining **11/30/19**

List the contract number of any government contract

**Lundvall Enterprise Inc.
 15487 WCR 46
 La Salle, CO 80645**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Real estate lease at 6882 Parkway Drive, Brookfield, OH**

State the term remaining **06/30/26**

List the contract number of any government contract

**P&M Parkway Associates
 1625 Dutch Lane
 Hermitage, PA 16148**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Real estate lease at 10077 Grogans Mill, Suite 200, The Woodlands, TX**

State the term remaining **10/31/20**

List the contract number of any government contract

**Parkwood Holding
 17314 SH 249
 Suite 115
 Houston, TX 77064**

Debtor 1 **Legacy Measurement Solutions, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-32238****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

- 2.11. State what the contract or lease is for and the nature of the debtor's interest **Real estate lease at 10 74th Street East, Williston, ND**

State the term remaining **11/30/19**

List the contract number of any government contract

**Pat Helgeson
13810 Ember Road
Rapid City, SD 57702**

- 2.12. State what the contract or lease is for and the nature of the debtor's interest **Real estate lease at 1324 N. Hearne Ave., Ste 210, Shreveport**

State the term remaining **01/06/20**

List the contract number of any government contract

**Petroleum Square
330 Marshall St.
Suite 200
Shreveport, LA 71101**

- 2.13. State what the contract or lease is for and the nature of the debtor's interest **Postage Machine x3**

State the term remaining

List the contract number of any government contract

**Pitney Bowes
PO Box 371887
Pittsburgh, PA 15250**

- 2.14. State what the contract or lease is for and the nature of the debtor's interest **Real estate lease at 6884 Parkway Drive, Brookfield, OH**

State the term remaining **04/30/20**

List the contract number of any government contract

**SBIBC LLC
PO Box 268
Brookfield, OH 44403**

- 2.15. State what the contract or lease is for and the nature of the debtor's interest **Forklift Model 8FGU32-37329 - Midland, TX**

State the term remaining **08/01/22**

List the contract number of any government contract

**Toyota Industries Commercial
PO Box 660926
Rice, TX 75155-0926**

- 2.16. State what the contract or lease is for and the nature of the debtor's interest **Water dispenser**

**Trealor
dba Aqua Chill Gulf Coast
1312 S. Loop W.
Houston, TX 77054**

Debtor 1 **Legacy Measurement Solutions, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-32238****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract _____

2.17. State what the contract or lease is for and the nature of the debtor's interest

Sublease on Debtor's Lease at 10 74th Street East, Williston, ND 58801; dates of Sublease are 02/01/2019 through 11/30/2019 (Lessor is Pat Hegleson) expires 11/30/2019

State the term remaining

List the contract number of any government contract _____

**Trigger Energy, Inc.
10 74th Street East
Williston, ND 58801**

2.18. State what the contract or lease is for and the nature of the debtor's interest

Accounting Records in storage

State the term remaining

List the contract number of any government contract _____

**U-Haul Moving & Storage
North Shreveport
1605 N. Hearne
Shreveport, LA 71107**

2.19. State what the contract or lease is for and the nature of the debtor's interest

Various Copier/Printers x3 (detailed list can be provided)

State the term remaining

List the contract number of any government contract _____

**Wells Fargo Financial Leasing
PO Box 10306
Des Moines, IA 50306-0306**

Fill in this information to identify the case:Debtor name **Legacy Measurement Solutions, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**Case number (if known) **19-32238**☐ Check if this is an amended filing**Official Form 206H****Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1

White Deer Energy**700 Louisiana Street
Suite 4770
Houston, TX 77002
Guarantor****Amegy Bank**☒ D **2.1**☐ E/F _____☐ G _____

Fill in this information to identify the case:Debtor name Legacy Measurement Solutions, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number (if known) 19-32238☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 22, 2019**X /s/ Joe Compofelice**

Signature of individual signing on behalf of debtor

Joe Compofelice

Printed name

CEO & Board Member

Position or relationship to debtor